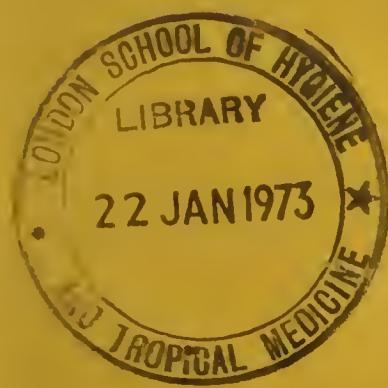


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THE HEALTH OF
BLACKPOOL

1971

COUNTY BOROUGH OF BLACKPOOL



Annual Report

OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR

1971

BY

David W. Wauchob

M.B., B.Ch., D.P.H.

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

COUNTY BOROUGH OF BLACKPOOL HEALTH COMMITTEE
(As Constituted 31st December, 1971)

THE WORSHIPFUL THE MAYOR, ALDERMAN HORACE S. A. WARD

Chairman:
Councillor C. NUTTALL, J.P., F.C.A.

Vice-Chairman:
Councillor J. BLAKE

Councillor J. H. HESSEY, M.B.E., J.P.	Councillor S. GREEN, O.B.E.
Councillor JOSEPH COX, M.B., Ch.B.	Councillor R. S. HOLGATE, M.B., Ch.B.
Councillor R. JACKSON	Councillor A. JONES
Councillor J. N. WISEMAN	Councillor Mrs. M. RILEY, J.P.
Councillor Mrs. N. C. WYNNE	Councillor Mrs. H. A. BARNES, J.P.
Councillor Mrs. M. R. RIDDLE	Councillor Mrs. M. MASON

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY
(as at 31st December, 1971)

Medical Officer of Health and Principal School Medical Officer:
DAVID W. WAUCHOB, M.B., B.Ch., B.A.O., D.P.H.

Deputy Medical Officer of Health and
Deputy Principal School Medical Officer:
EDWARD JOHN WALSH, M.R.C.S., L.R.C.P., D.P.H.

Assistant Deputy Medical Officer of Health:
ANNE E. C. JEWSBURY, M.B., Ch.B., D.P.H., D.R.C.O.G.

Assistant Medical Officers and School Medical Officers:
MARIE-JOYCE RIBCHESTER, L.R.C.P. & S. (Edinburgh), L.R.F.P. & S. (Glasgow)
JOSEPHINE I. MCKEE, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S.
MARGARET ELEANOR BROOK, B.A., M.B., C.Ch., B.A.O.
ELIZABETH H. SAUNDERS, M.B., Ch.B. (Part-time)

Consultant Ophthalmic Surgeon:
AUNG MYIN, M.B., B.S., D.O.

Consultant Ear, Nose and Throat Surgeon (part-time):
IAN B. THORBURN, M.B., Ch.B., F.R.F.P.S., F.R.C.S., D.L.O.

Consultant Child Psychiatrist (part-time):
T. W. ROGERS, M.B., Ch.B., D.P.M.

Educational Psychologists:
J. G. ROBERTS, B.A., M.A., A.B.P.S.S., L.Inst.P.
1 Post Vacant

Educational Psychologists (part-time):
Mrs. D. M. HUGHES, B.A.
G. EASTING, B.A.

Psychiatric Social Worker:
Post Vacant

Social Worker:
Mrs. M.AITKEN, S.R.N., Dec. of Rec., C.T.S.W.

Principal School Dental Officer:
H. GLEEK, L.D.S., R.C.S. (Eng.)

Consultant Dental Surgeon (Part-time):
H. ACKERS, R.F.C.S., F.D.S., R.C.S.(Eng.)

Dental Officers:
R. MARTYN, L.D.S. (Liverpool)
Mrs. J. HOPKINSON, L.D.S. (Part-time)
J. R. HALL, B.D.S., L.D.S. (Manchester) (Part-time)

ADMINISTRATIVE AND CLERICAL STAFF

Chief Administrative Assistant:	R. PRYAR, A.C.I.S.
Administrative Assistant:	J. COOKSON
Chief Clerk, Clinics:	H. R. DOWLING
Senior Clerks:	J. B. WILLIAMSON Miss N. BROWN Mrs. V. NORMAN Miss M. TOPPING Mrs. J. CUNNINGHAM

Secretary to Medical Officer of Health:

Miss I. WILKINSON

Clerks:

R. ALLEN	Mrs. J. HASLAM
Miss C. AVON	Mrs. M. HOULCROFT
Mrs. J. BAMBER	Miss C. L. JACKSON
Miss H. BIRKETT	Mrs. D. LEGG
Miss L. A. BRADSHAW	Miss E. REED
Mrs. M. BURGESS	Miss J. SHEARD
Miss C. DAVIES	Mrs. S. HARRISON
Miss C. DIXON	Miss J. TETLEY
Mrs. J. EDWARDS	Mrs. J. TURPIN
Miss A. EVANS	Miss J. WALLER
Miss M. EVANS	Mrs. M. WEIR
Mrs. K. GOUGH	

Shorthand Typist:

Mrs. K. HUNTER

Typist:

Miss B. LIGHTBOWN

Telephonist:

Mrs. E. M. REID

NURSING STAFF

Director of Nursing Services:

Miss D. Salisbury, S.R.N., S.C.M.,
H.V., N.D.N.
Nursing Admin. Cert. (Public Health)

HOME NURSING AND MIDWIFERY

Non-Medical Supervisor of Midwives

and Superintendent of

Home Nursing Service:

Miss G. IRELAND, S.R.N., S.C.M.,
H.V., Q.I.D.N.

Deputy Superintendent of
Home Nursing:

Miss M. U. CLEGG, S.R.N., S.C.M., Q.I.D.N.

Midwives:

Mrs. P. COOPE, S.C.M.

Mrs. L. COOPER, S.R.N., S.C.M. (Part-time)

Mrs. C. M. DENNISON, S.C.M. (Part-time)

Mrs. R. GREEN, S.R.N., S.C.M.

Mrs. M. HOWARD, S.C.M.

Miss R. E. SCOTT, S.R.N., S.C.M., Q.I.D.N.

Mrs. B. A. SINCLAIR, S.R.N., S.C.M., Q.N.

District Nurses:

Mrs. M. C. ANKERS, S.R.N.

Mrs. D. BENNETT, S.R.N., Q.I.D.N.

Mrs. A. V. BRADSHAW, S.R.N.

Mrs. J. M. BRADY, S.R.N.

Mrs. S. E. COOPER, S.R.N., Q.I.D.N.

Mrs. E. CROOK, S.R.N., Q.I.D.N.

Mrs. C. DOBSON, S.R.N., R.F.N., Q.I.D.N.

Mrs. J. M. DOCHERTY, S.R.N.

Mrs. S. S. ELLIOTT, S.E.N.

Mrs. D. ERRINGTON, S.R.N., Q.I.D.N.

Mrs. B. FENTON, S.R.N., N.D.N.

Miss A. FIELDING, S.R.N., S.C.M., N.D.N.

Mrs. M. GREAVES, S.R.N., S.C.M., B.T.A.

Mrs. B. M. HAGUE, S.R.N.

Mrs. G. HAY, S.E.N.

Mrs. G. M. HALL, S.R.N., S.C.M., Q.I.D.N.

Mrs. J. M. HALL, S.R.N.

Mrs. E. M. HOLMES, S.R.N.

Mrs. B. HUMPHRIES, S.R.N., Q.I.D.N.

Mrs. P. W. KAY, S.E.N.

Mrs. D. KERSHAW, S.R.N., S.C.M., Q.I.D.N.

Mrs. A. M. LISTER, S.R.N., R.F.N., Q.N.

Mrs. I. MCKENZIE, S.E.N.

Mrs. M. McROY, S.R.N., R.F.N., Q.I.D.N.

Mrs. M. McCLELLAND, S.R.N.

Mrs. J. PEARSON, S.R.N., Q.N.

Mrs. C. PENSWICK, S.E.N.

Mrs. I. M. RIGBY, S.R.N., Q.I.D.N.

Mrs. N. ROE, S.R.N., Q.I.D.N.

Mrs. L. M. ROBINSON, S.R.N., Q.I.D.N.

Mrs. D. SHAW, S.R.N., Q.I.D.N.

Mrs. J. SHEPHERD, S.R.N.

Male District Nurses:

Mrs. D. M. SINGLETON, S.R.N.
Mrs. E. M. SPINETTO, S.R.N., Q.I.D.N.
Mrs. E. SUMNALL, S.R.N.
Mrs. B. M. TRAVIS, S.R.N., Q.N.
Mrs. J. P. TURNER, S.R.N., Q.I.D.N.
Mrs. M. P. VOSE, S.R.N., S.C.M., Q.N.
Mr. W. GULLIFORD, S.R.N., Q.I.D.N.
Mr. G. HASTY, S.E.N.
Mr. G. S. ROLLINSON, S.R.N., Q.I.D.N.
Mr. F. WHITTLE, S.R.N., Q.I.D.N.

HEALTH VISITING

**Superintendent Health Visitor/
School Nurse:**

Miss M. SAUNDERS, S.R.N., H.V.,
Nursing Admin. (P.H.) Certificate

Group Advisers:

Miss A. G. M. HOLDEN, S.R.N., S.C.M., H.V.
Mrs. J. N. BROOKES, S.R.N., H.V.

Field Work Instructor:

Miss K. HICKMAN, S.R.N., S.C.M., H.V.

Health Visitors/School Nurses:

Mrs. K. R. ALLEN, R.S.C.N., S.R.N.,
S.C.M., H.V.

Mrs. C. M. BADMAN, S.R.N., Q.I.D.N.*

Mrs. A. BEVERLEY, S.R.N., H.V.

Mrs. D. BURROWS, S.R.N., S.C.M., H.V.

Mrs. E. M. BUTLER, S.R.N., S.C.M., H.V.

Miss C. M. CALVERT, S.R.N., H.V.

Mrs. F. CLEWS, S.R.N., H.V.

Mrs. E. DEEGAN, S.R.N., S.C.M., H.V.

Mrs. J. FITZGERALD-LEE, S.R.N., H.V.

Miss C. HARDMAN, S.R.N., H.V.

Miss A. HIGGINBOTTOM, S.R.N., H.V.

Mrs. B. A. HUGHES, S.R.N., H.V.

Miss B. J. MARR, S.R.N., H.V.

Miss S. MORRIS, S.R.N., S.C.M., H.V.

Mrs. S. MIDGLEY, S.R.N., S.C.M., H.V.

Mrs. O. NEWLOVE, S.R.N., S.C.M., H.V.

Mrs. S. J. NOAH, S.R.N., H.V.

Mrs. H. P. PRICE, S.R.N., H.V.

Mrs. B. ROYLE, S.R.N., H.V.

Miss O. E. SHARPIN, S.R.N., S.C.M.,
Q.N. H.V.

Mrs. H. J. SMALLWOOD, S.R.N., H.V.

Mrs. A. C. SPENCE, S.R.N., S.C.M., H.V.

Miss M. A. STREETS, S.R.N., S.C.M., H.V.

Mrs. M. THOMPSON, S.R.N., S.C.M., H.V.

Mrs. A. H. THORNTON, S.R.N., H.V.

Mrs. M. ANDERSON, S.R.N., Q.I.D.N.

Mrs. A. DANIA, S.R.N.

Mrs. M. DAVIES, S.R.N., S.C.M.

Mrs. J. HARVEY, S.R.N.

Mrs. E. LAVELLE, S.R.N.

Mrs. E. W. KITCHEN, S.R.N., S.C.M., Q.I.D.N.

Mrs. S. McGREGOR, S.R.N. (Part-time)

Mrs. P. ROBERTS, S.R.N. (Part-time)

Mrs. E. ROBINSON, S.R.N., S.C.M.

Mrs. J. V. BURROWS, S.R.N., S.C.M.

Mrs. I. M. STRAITON, R.F.N., S.R.N.

Mrs. G. THOMPSON, S.R.N., S.C.M.

Mrs. H. C. HARVEY, S.R.N.

* Diploma in Community Nursing, Manchester University

PUBLIC HEALTH INSPECTION

Chief Public Health Inspector:

J. PICKARD, F.A.P.H.I., M.R.C.P. (a), (b), (c)

Deputy Chief Public Health Inspector:

J. B. PARKER, M.A.P.H.I., (a), (b), (c)

Chief Meat & Food Inspector:

T. W. LOMAX, (a), (b)

District Public Health Inspectors:

F. BAILEY, M.A.P.H.I., (a), (b), (c)

J. BINEHAM, M.A.P.H.I., (a), (b)

E. W. BURROWS, (a), (b)
H. W. EVANS (a)
I. S. MILLER, (a), (b)
D. W. MOISTER, M.A.P.H.I., (a), (b)
W. MOISTER, (a), (b)
L. W. ORMROD, M.R.S.H., (a), (b)
J. HUNTER, (a)
P. FIRTH, (a)

Pupil Public Health Inspectors:

W. C. N. JELLEY
A. WALKER
N. F. BAILEY, B.Sc.
R. J. CROFT

Meat Inspector:

P. HAIGH, (d)

Pestologist:

B. A. BLACKWELL

Technical Assistants:

R. W. CROFT
J. CROSSLEY
J. RICHARDSON
E. ROTHWELL

- (a) Qualified Public Health Inspector
- (b) Qualified Meat and Food Inspector
- (c) Qualified Air Pollution Control Officer
- (d) Qualified Meat Inspector

PHYSIOTHERAPY

Physiotherapists:

Mrs. E. V. BARLOW, M.C.S.P.
Mrs. M. M. NOBLETT, M.C.S.P.
Mrs. P. V. PEMBERTON, M.C.S.P.
Mrs. L. TAYLOR, M.C.S.P.
Mrs. M. WARD, M.C.S.P.

CHIROPODY

Chiropodists:

Mr. W. BRADLEY, M.Ch.S., S.R.Ch.
Miss M. J. HYDE, S.R.N., S.C.M., Q.I.D.N.
M.F.S.Ch.
Mrs. S. HOLMES, M.F.S.Ch., A.Ch.,
M.E.S.Ch. (Part-time)
Mr. R. CROOK, M.Ch.S. (Part-time)
Mr. W. GARLICK, M.M., L.Ch., H.Ch.D.
(Part-time)
Mrs. M. BARNES, M.Ch.S. (Part-time)
Mrs. L. BLANK, M.Ch.S. (Part-time)

AMBULANCE SERVICE

Ambulance Officer:

Mr. F. DIXON

OCCUPATIONAL THERAPY

Occupational Therapist:

Mrs. P. M. O'HARA, S.R.O.T., M.A.O.T.

SPEECH THERAPISTS

Mrs. A. BLAIR, L.C.S.T. (Part-time)
Two Vacancies

SPECIALIST TEACHER OF THE DEAF

KENNETH NEWSON, Univ. Cert. for Teachers of the Deaf,
Manchester University

HYGIENE ASSISTANTS

Mrs. J. WILLIAMSON
Mrs. P. BURTON

PUBLIC ANALYST

Public Analyst:

Deputy Public Analyst:

Mr. R. SINAR, B.Phar., B.Sc., F.P.S., F.R.I.C.
Mr. G. F. HOOKE, L.I.Biol., M.Chem.A.,
F.R.I.C

As this is the penultimate report of a series, compiled by Medical Officers of Health dating from 1878, one backward glance is justified in this foreword when comparing the exceptionally good figures for infant mortality for 1971, when only 11 babies under one year old died per thousand born in the town compared with 183 in the five year period 1878 to 1882. In other words, of children born at that time, slightly over 18% died in their first year of life. Last year slightly over 1% died in their first year of life. Changes of this nature can only be brought about by improvements in many facets of life interacting together. The opportunities in the future for a single discipline to make a dramatic improvement in the quality of life is likely to be limited, and progress in the future will require a multi-disciplinary approach. It is for this reason that a new look has been given to the National Health Service in which emphasis has been placed on a team approach bringing in many of the disciplines which have a contribution to make to the health of the people.

When the National Health Service was first introduced, there did not exist, as a concept, any idea of priorities. The National Health Service was to be a comprehensive health system, providing for all patients from the cradle to the grave. There was the basic idea that when a free service became available a dramatic impact would be made on the incidence of illness, and that the demand for Health Services would decrease. This has proved to be wishful thinking and a comprehensive service has never come into existence. The demand for health care has been unlimited, but a limitless supply of finance has not been available and consequently at this stage we have to consider and speak of priorities. The government have established their own, and it is now a matter of policy that a patient should remain for as short a time as possible in hospital, and that mental patients should be looked after in the community. It is their intention that services should be such, that an elderly person can remain at home as long as possible. The following statistics, which are obviously limited in their application, give some indication of how the priorities are posed in this area, and the action which the local Health Authority has taken to meet this challenge and its proposals for the future. The structure of the population is reflected in the following figures.

Births

During 1971 there were 1,701 live births, a reduction of 36 on the previous year. The decline in this rate, therefore, continues and the adjusted rate of 13.63 compared with the England and Wales figure of 16 indicates a lower proportion of mothers of child bearing age in the population. Blackpool has always had a low birth rate in comparison with the country as a whole, and it is no doubt due to the percentage of married women of child bearing age being comparatively small. We are led to believe that the smaller number of children will mean improved prospects of their being reared in more hygienic surroundings, and so reduce considerably the infantile mortality rate. This figure, however, has only recently been reduced to below the national average. The reduction in family size will not in itself bring about the improvement that we all desire, and it will still be necessary to maintain all the services for the welfare of children in the future as much as in the past.

Care of Mothers and Young Children

Comment has already been made on last year's record low infant mortality figure of 11.17 compared with the national rate of 18. A closer look at the background to this figure indicate that the percentage of illegitimate births continues to rise — 262 babies being born in 1971, which gives a percentage of 15.4 of total live births compared with the England and Wales

rate of 8. These high rates are demonstrated in all seaside areas and large conurbations where many of the mothers go to have their confinements to preserve a degree of anonymity and also to make full use of facilities which are more readily available. A higher death rate is usually associated with these illegitimate births and therefore greater credit is reflected on the staff concerned when the record low rate was achieved at a time when the proportion of these births was increasing. As the mothers of these babies felt it necessary to come to this area for their confinements one can assume that the majority of these children were unwanted and points to the need for health education in this important sphere of human relationships, where there is no easy answer. There is an urgent need for research into the whole subject of health education and its present total failure to stem the tide of increasing numbers of unplanned pregnancies in the young female.

Stillbirths

There were 24 stillbirths in 1971, as compared with 27 in 1970. The rate is 14.69 per 1,000 total births. The figure for England and Wales is now 12. It is obvious that if any further dramatic improvement is to be made in the figures relating to childbirth then a concentration of effort must be in this sector. An examination of these 24 stillbirths shows at least 12 were dead before the onset of confinement and consequently the cause, and therefore the prevention, would have had to have taken place before this stage. Further investigation into the relationship between viral infections and pregnancy might well provide the basis for further advances.

Neo-natal Mortality Rate

1971 also provided a record low in this rate now being 8 compared with 16.3 in 1970, the national figure is 12.

Peri-Natal Mortality Rate

This rate combines the stillbirths with the deaths that occur in the first week of life, and as such, is thought to give a more accurate figure concerning the factors relating to death associated with childbirth. In 1971 21 deaths occurred compared with 28.92 in the previous year. The national average is now 22. As can be seen in Blackpool for 1971 at least, the figures are below the national average both for infant mortality, neo-natal, early neo-natal and peri-natal rates. Of the infant mortality rates the deaths of legitimate infants under the age of 1 is 10 per 1,000, whereas the deaths for illegitimate infants under 1 year old is 19 per 1,000. The national rates however for these are 17 and 24 respectively. All these figures relating to the physical aspects of child health reflect very favourably on the staff concerned.

Battered Babies

The term "battered babies" tends to be over emotional, but from work done independently in different parts of the country this is a very prevalent condition. We have learned that suspicious, oversimplified and accusatory approach makes recovery more difficult and further injury to the child more likely. The opposite approach of sympathy and concern but controlled advice is essential if recurring tragedy is to be avoided. Those concerned, must be aware of the need for respectful co-operation between all concerned, and such co-operation is an important part of the treatment and will need to be available so long as babies are being born into this type of family. It was for this reason that a Committee was established locally to provide a point of contact between the hospital, general practitioners, social workers, the police and the

National Society of the Prevention of Cruelty to Children. During the year one case was referred for court enquiry. The magistrates were not convinced of the necessity of the child being taken into the care of the local authority. This does indicate a changing emphasis in child health work and shows that it is important to increase the supply of health visitors, social workers and psychiatrists, upon whose co-operation so much will depend and where so much understanding and co-operation has already been obtained.

Maternity Mortality

No maternal deaths occurred during 1971. Only three such deaths have occurred during the past 10 years. Latest figures obtained from the Regional Hospital Board indicates that more than 95% of mothers now have their confinement in hospital, but a high proportion of these are discharged early into the community and midwives are still under pressure to ensure that these mothers and children receive the care they require. The figures above relating to the maternal and child welfare reflect credit on the services provided both by the hospital, the general practitioners and the nurses in the community.

Lung Cancer

Although cancer deaths as a whole showed a slight decrease, 514 compared with 522, lung cancer deaths showed an increase of 2 to 132. This figure is not likely to show any reduction until a corresponding reduction has taken place in the number of cigarettes smoked. It may be that the current warning published on these packets will eventually have the desired effect.

Infectious Disease

During 1971 the Department of Health and Social Security decided to discontinue the routine vaccination of children against Smallpox. It was considered that eradication of this disease on a world-wide scale had made such progress that the risk of infection of Smallpox was slight. Therefore, it was concluded that the risk to life and health from routine vaccination, although a very small one, now greatly exceeded the danger presented by the disease itself.

Vaccination against Smallpox is now confined to overseas travellers likely to pass through infected or endemic areas, and Public Health and Hospital staff whose work might bring them in contact with the infection.

The advances in medicine have been largely responsible for the large reduction in deaths due to infectious diseases, but in this report for a number of years attention has been drawn to the low percentage of children who are fully protected in this community. In spite of new schemes and of drawing the attention of parents to this essential measure, many still neglect to have their child fully protected.

The 1970 report made mention of the fact that for the first time on record no deaths had been attributed to Tuberculosis, but during 1971 7 deaths were notified as having been due to this cause. The number of notifications of all infectious diseases though continuing to decline indicates that there are still sources of infection and that the co-operation of all will be required to bring about a reduction in these diseases. Now that effective prevention and cure is available it should not be too long before the shadow of death and sickness recedes from the life of the community, bringing in turn the promise of a

healthier adult society, provided the public make use of the measures available.

Family Planning

The continued increasing demand for use of family planning clinics led to further sessions being established in local authority clinics scattered throughout the Borough. These have been staffed by doctors and nurses provided by the Family Planning Association. There are two main advantages in this system. The Family Planning Association does provide experienced and trained staff to give a comprehensive service. This is particularly essential at a time when re-organisation is taking place in the other branches of the National Health Service, and it does ensure that there is a continuity of staff, who soon become known to the women who attend. The voluntary lay staff not only contribute a tremendous volume of work to these clinics, but ensure a friendly, informal atmosphere. Secondly, the use of the established well-known clinics means that the women do not suffer the embarrassment of entering a building which may be specially identified with Family Planning. The number of sessions at each clinic varies according to the demand, but as soon as they become fully booked extra sessions can be laid on. With sessions now spread throughout the town, a domiciliary service has been arranged to look after those mothers who for various reasons are unable to attend the clinics.

There is still an opportunity for giving family planning information within the maternity hospitals and contraceptive advice is perhaps one of the most important parts of post natal examination. Health Visitors enter the home of every woman who has had a baby and can give guidance where needed. Where the Health Visitor feels that the mother wants help but has not the initiative to seek it for herself, her task will be made easier by the provision of a domiciliary service.

As the local Family Planning Association is now entering its 20th year of service to the people of Blackpool, it is a pleasure to be able to record appreciation and thanks for their willing co-operation and service during all these years.

Domiciliary Nursing Services

As forecast in the previous report, a Chief Nursing Officer was appointed, and we are pleased to welcome Miss D. Salisbury to the staff. From the date of her appointment to the end of the year she was engaged in reviewing the nursing service and preparing a report with the O & M Section of the local authority. It is hoped that when this is completed in the New Year that it will provide for adequate staff to allow attachment of sufficient nurses, health visitors and ancillaries to general practitioners in order to develop a team approach to the work of the future. This will be particularly necessary now that there is renewed interest in the formation of Health Centres. In the medical care of the future, family health services will occupy a central position and a basic requirement will be health centres with adequate accommodation for staff who will be required by the attachment schemes. From the experience which has already been gained, family doctors and members of nursing services have few problems in working together and there can be no doubt that team work will be the key to success. It is hoped that ultimately it will be possible to establish a 24 hour 7 day week nursing service which is essential in looking after a population with such a high percentage of old people, many of whom have few friends and relatives to call upon in times of illness.

Mr. Nulty, a member of the operational research team of the Borough Treasurer's Department, has played a significant part in much of the Health Department's work, and deserves gratitude for the contribution which he has made. The new Nursing Management Scheme will effectively take the Department forward into what could be an exciting future. The end product should be a first class community nursing service, bearing in mind particularly the high degree of co-operation that exists with the family doctors and the hospital service. The expertise of the members of the working party set up to determine the priorities, objectives and alternatives was of great value in this exercise, and when combined with the self analysis of each individual nurses's work, will have made a substantial contribution to the report when eventually completed.

Health Centres

During the year constant attention was paid to the provisional sitings for Health Centres, so they would be available when a decision was received from the Executive Council that General Practitioners required a Health Centre in a particular area. Ten possible sites were indicated to the Executive and the Local Medical Committee for their consideration. Eventually it was decided to investigate the possibility of developing Health Centres at Bispham Road, Chapel Street, Lytham Road and Whitegate Drive. All family doctors were circulated and asked to complete a statement indicating their interest in any particular area. Towards the end of the year there was positive indication of growing interest and awareness for the necessity of this type of accommodation and it is hoped that further progress will be made in the ensuing year.

National Health Service Re-Organisation

Following the publication of the consultative documents it became apparent that there would be need for courses to prepare staff for the re-organisation of the Health Services, and the anticipated major changes to take place in April 1974. Pilot courses were established by the Manchester Regional Hospital Board and the opportunity was welcomed to send members of local health authority staff. Although there are several disciplines within the local health authority, hospital and Executive Council staff, there is sufficient common back-ground to make inter-disciplinary courses desirable. The opportunity for the staff to come together and understand something of each others work is essential before integration takes place. It is hoped that relationships will be established on a good basis and will continue to flourish after the integration of the Health Service. It would be impossible for the service to improve and expand without the co-operation of every section connected with it. The Health Executive Council, the Local Medical Committee and the Hospital Service have all shown their willingness to help in this respect.

Environmental Health

During the year the Public Health Inspector Section continued its strenuous efforts to improve the quality of our environment. This routine day to day work has often been overlooked, but the effective performance of this Section can provide much greater benefit to the public than is sometimes achieved by apparently more important tasks. The Local Government Bill has assured the Authority that all the normal specialised functions Public Health Inspectors carry out will be retained at District level. In this area with our high percentage of mobile population and the necessity to maintain the best possible standards of food hygiene there would be a good case for maintaining the environmental health department intact. This would facilitate channels

of communication in, for example, the control of infectious diseases between the district health authority and the local authority. The protection and preservation of the environment and the prevention of pollution continue to be a major function of the Public Health Inspectors. The work continues to be made much harder than it would otherwise be, by the indiscriminate dumping of refuse and litter and other materials. The fouling of the streets by dogs, sometimes produce conditions which one would have thought had gone out with the last century. Preventing and remedying these conditions can sometimes be very difficult and what is needed is a change of attitude on the part of those who are responsible for producing these circumstances. The size and complexity of the work of the Section can be realised by reading the details which are given in the report, which this year has been prepared by Mr. Parker, who we were pleased to welcome at the beginning of the year as Chief Public Health Inspector. He has taken over the work of Mr. Pickard, who retired after 26 years with the local authority. For the period of years which I was personally associated with Mr. Pickard, one could always depend on the work of the Section being carried out with efficiency and discretion. He knew very well what was possible and what was right for the area, and in all matters his mind was completely open and it was always pleasant and profitable to talk to him. All members of the staff would readily recognise the help and assistance that he offered when requested. The public and members of the Health Department will remember him not only as a member of the staff but also as a friend. We must pay a special tribute to him and hope that he and his wife will have many happy years of retirement.

1971 must therefore be regarded as a year in which the department made efforts to prepare itself for the integration of the Health Service in 1974. The importance of good relationships with the various branches of the Health Service have been regarded and have continued to flourish. The benefits to be gained from integration can only come about with the co-operation of every section connected with the services provided for the community at large. Every effort must be made to ensure that this integration is brought about without loss of standards of patient care which have been developed for more than a century. In this work we have been ably supported by the Chairman and members of the Health Committee. I would also like to take this opportunity of thanking the Council and the Chief Officers of the Authority and their staff for the help given. I would also like to thank all voluntary bodies who have been working in the wider sphere of health. In the future it will be necessary to ensure that this tremendous local effort continues to be made on work for the community. The loyal and devoted service of the staff of the Health Department has continued despite often heavy demands made upon them. The full extent of their unstinting work is not always immediately apparent, but to them must go the credit for some of the excellent results that have been achieved during the past year.

W. Wauchob

GENERAL AND VITAL STATISTICS AND SOCIAL CONDITIONS IN THE BOROUGH

GENERAL STATISTICS

Area (exclusive of foreshore)	8,650 acres
Area of Foreshore and Tidal Water	2,076 acres
Population (Registrar General's estimate, mid-year 1971)	149,770
Population (Census 1961)	153,185
Number of inhabited houses	55,753
Number of empty houses	598
Rateable Value of the Borough	£8,684,653
Product of a Penny Rate	£83,310

SOCIAL CONDITIONS OF THE BOROUGH

The Area Compatibility Factors for births and deaths are 1.20 and 0.79 thus signifying the Borough as a retirement resort.

The figures below, kindly furnished by the Manager of the Labour Exchange, show the employment position with regard to the Borough.

	Men	Women	Boys	Girls	Total
Unemployed					
June, 1971	1,454	223	34	8	1,719
December, 1971	2,607	664	63	63	3,397

Registered Disabled

April, 1970	2,108	467	11	3	2,589
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Unemployed Disabled

Suitable for ordinary employment:

June, 1971	193	32	1	—	226
December, 1971	410	65	1	—	476

Unemployed Disabled

Suitable for sheltered employment:

June, 1971	14	2	1	—	17
December, 1971	24	4	1	—	29

VITAL STATISTICS

		Male	Female	Total
Live Births:	Legitimate	726	713	1,439
	Illegitimate	136	126	262
	Birth Rate (Crude) per 1,000 pop.	11.36		
	Birth Rate (Standardised) per 1,000 pop.	13.63		
Stillbirths:	Legitimate	11	7	18
	Illegitimate	3	3	6
	Rate per 1,000 births (live and still)	14.11		
	Rate per 1,000 population	0.16		
	Total live and still births	876	849	1,725
Infant Deaths		14	5	19
Infant mortality rate per 1,000 live births—total		11.17		
Infant mortality per 1,000 live births—legitimate		9.71		
Infant mortality rate per 1,000 live births—illegitimate		19.08		
Neo-natal mortality rate per 1,000 live births		8.23		
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)		7.64		
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)		21.45		
Maternal deaths (including abortion)		—		
Maternal mortality rate per 1,000 live and still births		—		
Illegitimate live births per cent of total live births		15.40		

BIRTHS

The number of live births in Blackpool, during 1971 was 1,701, a reduction of 36 on 1970. The crude birth rate is 11.36 per 1,000 population and the adjusted rate is 13.63, as compared with 11.58 and 13.90 in 1970. The rates for England and Wales with which the adjusted rate should be compared is 16.0.

Illegitimate Births. 262 such births were registered during the year, 10 more than in 1970, resulting in a percentage of 15.40 of the total live births (14.51 in 1970).

Stillbirths. 24 stillbirths were registered in 1971, three less than in 1970. This gives a rate of 14.11 per thousand total births, as against 14.96 for 1970. The England and Wales rate is 12.

RECENT POPULATION CHANGES IN THE BOROUGH

According to the Registrar General's estimated figure for mid-1971, a decrease of 230 is recorded. Deaths again exceed births, this year by 842. Migration of 612 persons presumably accounting for the change.

The figures below outline the trend in population, births and deaths from the year 1957 to date.

Year	Midyear Population Registrar General's Estimated Figure	Change in Population		Population due to migration
		Population change during year	due to births and deaths only during year	
1957	145,600	- 900	- 629	- 271
1958	144,500	- 1,100	- 743	- 357
1959	143,600	- 900	- 657	- 243
1960	143,530	- 70	- 556	+ 486
1961	150,000	+ 6,470	- 702	+ 7,172
1962	151,250	+ 1,250	- 671	+ 1,921
1963	151,000	- 250	- 498	+ 248
1964	150,030	- 970	- 552	- 418
1965	150,440	+ 410	- 631	+ 1,041
1966	151,300	+ 860	- 670	+ 1,530
1967	151,510	+ 210	- 668	+ 878
1968	147,850	- 3,660	- 890	- 2,770
1969	146,700	- 1,150	- 934	- 216
1970	150,000	+ 3,300	- 978	+ 4,278
1971	149,770	- 230	- 842	+ 612

DEATHS

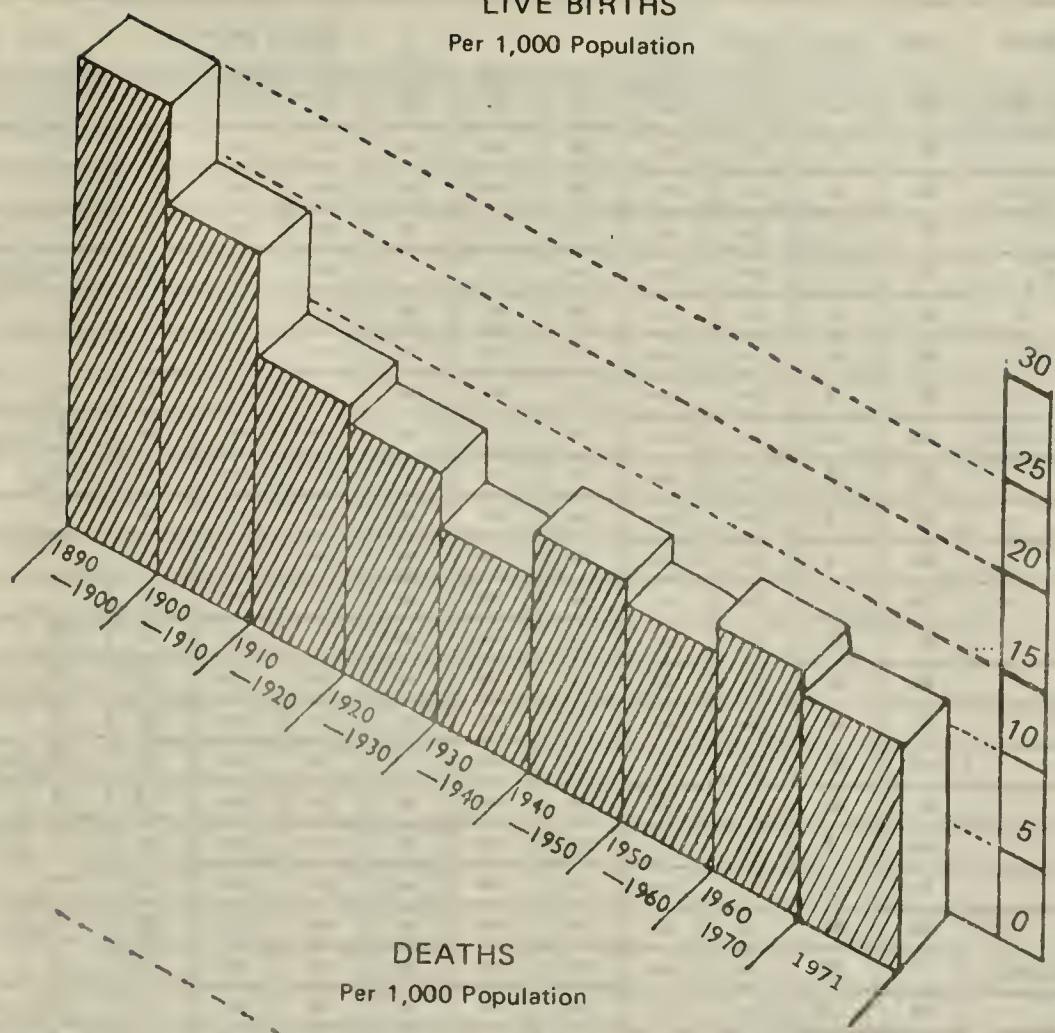
	Male	Female	Total
Deaths	1,287	1,256	2,543
Death Rate (Crude) per 1,000 population			16.97
Death Rate (Standardised) per 1,000 pop.			13.41
Death Rate for England and Wales			11.6

The percentages of deaths in various age groups with corresponding figures for previous years are shown below:—

AGE	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Under 12 months	1.67	2.05	1.79	2.07	1.75	1.87	2.54	1.83	1.69	1.78	1.88	1.40	.91	1.51	.75
1 year and under 5 years	.13	.16	.29	.21	.43	.15	.12	.38	.46	.23	.27	.26	.37	.15	.02
5 years and under 15 years	.34	.29	.17	.12	.17	.22	.27	.23	.08	.08	.23	.15	.18	.26	.28
15 yrs. and under 65 years	27.64	26.49	25.58	25.94	25.69	24.54	23.58	25.08	25.16	24.93	23.91	22.74	21.94	22.47	22.80
65 years and over	31.03	30.65	30.95	31.77	28.45	30.38	30.71	31.55	29.91	30.05	29.91	30.05	34.31	34.48	
75 years and over	70.22	71.01	72.17	71.66	71.96	31.07	31.32	32.83	31.31	32.35	32.94	35.46	34.99		
85 years and over	11.12	11.52	8.70	9.53	12.20	10.39	9.28	10.06	11.39	11.62					

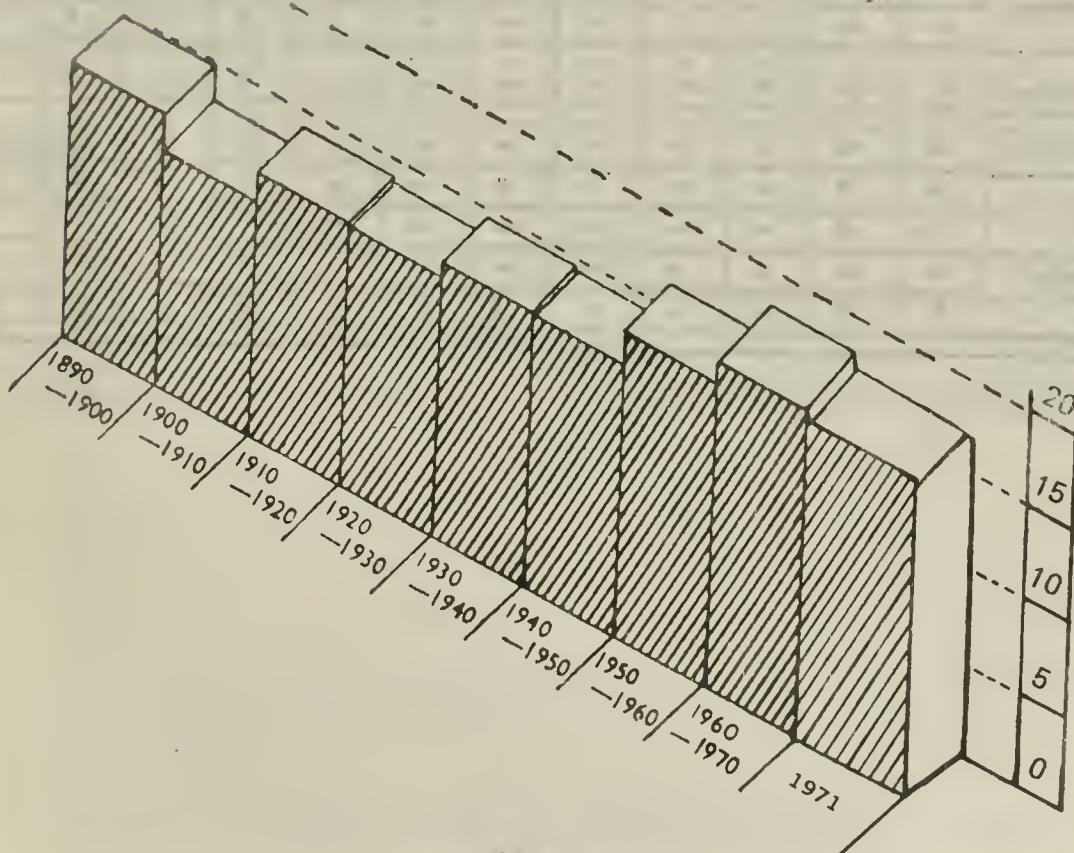
LIVE BIRTHS

Per 1,000 Population



DEATHS

Per 1,000 Population

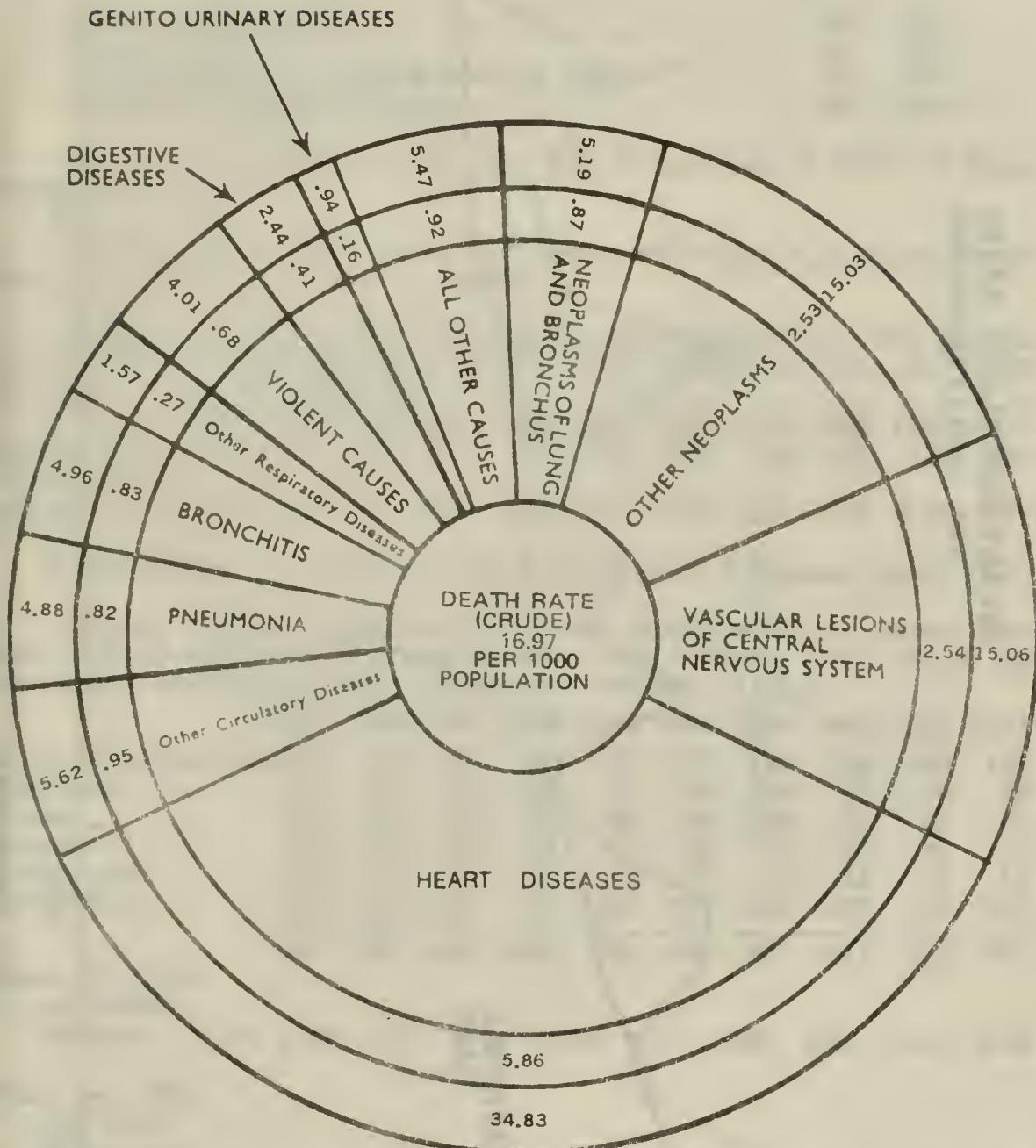


Cause of death	Sex	All Ages	Under 4 wks.	4 wks. & under 1 year	Age in years								
					1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
Enteritis and other Diarrhoeal Diseases	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
Tuberculosis of Respiratory System	M	6	—	—	—	—	—	—	—	—	1	1	4
	F	—	—	—	—	—	—	—	—	—	—	—	—
Late Effects of Respiratory T.B. ...	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	1	—	—	—	—	—	—	—	—
Other Infective and Parasitic Diseases...	M	4	—	—	—	1	—	—	—	—	—	1	1
	F	2	—	—	—	—	—	—	—	—	1	—	1
Malignant Neoplasm, Buccal Cavity, etc. ...	M	4	—	—	—	—	—	—	—	—	—	1	2
	F	2	—	—	—	—	—	—	—	—	—	—	1
Malignant Neoplasm, Oesophagus ...	M	7	—	—	—	—	—	—	—	—	—	1	4
	F	10	—	—	—	—	—	—	1	—	1	2	2
Malignant Neoplasm, Stomach	M	32	—	—	—	—	—	—	—	—	2	9	19
	F	14	—	—	—	—	—	—	—	—	1	2	6
Malignant Neoplasm, Intestine	M	39	—	—	—	—	1	—	—	—	2	3	21
	F	40	—	—	—	—	—	—	—	—	3	5	9
Malignant Neoplasm, Larynx	M	3	—	—	—	—	—	—	—	—	—	1	2
	F	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm, Lung, Bronchus ...	M	106	—	—	—	—	—	—	—	1	10	33	45
	F	26	—	—	—	—	—	—	—	—	5	9	8
Malignant Neoplasm, Breast	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	50	—	—	—	—	—	1	2	6	8	22	11
Malignant Neoplasm, Uterus	F	17	—	—	—	—	—	—	2	—	3	8	4
	M	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasm, Prostate	M	14	—	—	—	—	—	—	—	—	—	1	7
	F	—	—	—	—	—	—	—	—	—	—	—	—
Leukaemia	M	8	—	—	1	2	—	—	1	—	3	—	1
	F	7	—	—	—	—	—	—	—	1	3	3	—
Other Malignant Neoplasms	M	56	—	—	—	—	1	1	2	1	14	25	12
	F	76	—	—	—	1	—	—	1	2	14	29	29

Cause of death	Sex	All Ages	Under 4 wks.	& under 1 year	Age in years								
					1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
Benign and Unspecified Neoplasms ...	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	1	—	—	—	—	—	—	—	—	—	—	—
Diabetes Mellitus	M	6	—	—	—	—	—	—	—	—	—	2	4
	F	11	—	—	—	—	—	—	—	1	—	2	5
Other Endocrine, Etc. Diseases ...	M	3	—	1	1	—	1	—	—	—	—	—	—
	F	7	—	—	—	—	—	—	—	—	2	1	4
Anaemias ...	M	4	—	—	—	—	—	—	—	—	—	1	1
	F	6	—	—	—	—	—	—	—	—	—	1	5
Other Diseases of Blood, etc. ...	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	1	—
Mental Disorders ...	M	9	—	—	—	—	—	—	—	—	—	2	7
	F	6	—	—	—	—	—	—	—	—	—	—	6
Multiple Sclerosis...	M	1	—	—	—	—	—	1	—	—	—	—	—
	F	2	—	—	—	—	—	—	—	1	1	—	—
Other Diseases of Nervous System ...	M	8	—	—	—	1	—	1	—	—	2	—	4
	F	5	—	—	—	—	—	—	—	1	1	1	2
Chronic Rheumatic Heart Disease ...	M	10	—	—	—	—	—	—	—	—	4	1	5
	F	21	—	—	—	—	—	—	1	3	5	3	9
Hypertensive Disease ...	M	8	—	—	—	—	—	—	—	—	2	3	3
	F	12	—	—	—	—	—	—	—	—	1	4	7
Ischaemic Heart Disease ...	M	407	—	—	—	—	—	—	6	37	93	153	118
	F	293	—	—	—	—	—	—	1	14	37	88	153
Other Forms of Heart Disease ...	M	66	—	—	—	—	—	—	1	1	9	14	41
	F	89	—	—	—	—	—	—	—	—	3	13	73
Cerebrovascular Disease ...	M	142	—	—	—	1	—	—	3	3	23	39	73
	F	241	—	—	1	—	—	—	3	4	22	50	161
Other Diseases of Circulatory System	M	60	—	—	—	—	1	—	2	7	13	37	—
	F	63	—	—	—	—	1	—	—	—	1	11	50
Influenza ...	M	1	—	—	—	—	—	—	—	—	1	—	—
	F	2	—	—	—	—	—	—	—	—	1	—	1
Pneumonia ...	M	52	1	1	—	1	—	—	1	1	3	15	29
	F	72	—	—	—	—	—	—	—	1	3	13	55

Cause of death	Sex	All Ages	Under 4 wks.	& under 1 year	Age in years							
					1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74
Bronchitis and Emphysema	M	97	—	—	—	—	—	—	—	3	20	38
	F	29	—	—	—	—	—	—	—	2	3	9
Asthma	M	1	—	—	—	—	—	—	—	1	—	—
	F	2	—	—	—	—	—	—	—	1	—	1
Other Diseases of Respiratory System	M	18	—	1	—	—	—	—	2	1	2	5
	F	16	—	—	—	—	—	—	—	1	2	2
Peptic Ulcer	M	17	—	—	—	—	—	—	1	—	6	8
	F	7	—	—	—	—	—	—	—	1	—	2
Appendicitis	M	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	1
Intestinal Obstruction and Hernia	M	8	—	—	—	—	—	—	—	—	1	1
	F	4	—	—	—	—	—	—	—	—	—	—
Cirrhosis of Liver	M	2	—	—	—	—	—	—	—	—	1	1
	F	2	—	—	—	—	—	—	—	—	2	—
Other Diseases of Digestive System	M	9	—	—	—	—	—	—	—	1	3	3
	F	12	—	—	—	—	—	—	—	—	—	6
Nephritis and Nephrosis	M	5	—	—	—	—	—	—	—	1	2	1
	F	3	—	—	—	—	—	—	—	—	1	—
Hyperplasia of Prostate	M	4	—	—	—	—	—	—	—	—	—	1
	F	3	—	—	—	—	—	—	—	—	—	1
Other Diseases, Genito-Urinary System	M	7	—	—	—	—	—	—	1	1	—	3
	F	5	—	—	—	—	—	—	—	—	—	—
Diseases of Skin, Subcutaneous Tissue	M	1	—	—	—	—	—	—	—	—	1	—
	F	1	—	—	—	—	—	—	—	—	—	1
Diseases of Musculo-Skeletal System	M	2	—	—	—	—	—	—	—	—	—	2
	F	—	—	—	—	—	—	—	—	—	—	3
Congenital Anomalies	M	2	1	—	—	—	—	—	—	—	—	1
	F	3	1	1	—	—	—	—	—	1	—	—
Birth Injury, Difficult Labour, etc.	M	5	5	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—
Other Causes of Perinatal Mortality	M	3	3	—	—	—	—	—	—	—	—	—
	F	3	3	—	—	—	—	—	—	—	—	—
Symptoms and Ill Defined Conditions	M	9	—	—	—	—	1	—	—	—	—	—
	F	19	—	—	—	—	—	—	—	—	—	1
Motor Vehicle Accidents	M	13	—	—	1	1	4	—	—	1	2	1
	F	11	—	—	—	—	1	—	1	2	—	5
All Other Accidents	M	18	—	—	—	2	—	1	—	1	1	4
	F	41	—	—	—	—	—	1	—	1	2	—
Suicide and Self-Inflicted Injuries	M	4	—	—	—	—	—	1	—	1	2	—
	F	6	—	—	—	—	—	—	—	3	1	2
All Other External Causes	M	3	—	1	—	—	—	—	—	2	—	—
	F	6	—	—	—	—	—	—	1	—	2	3
TOTAL ALL CAUSES	M	1,287	10	4	3	6	11	6	20	73	255	441
	F	1,256	4	1	2	1	2	3	15	55	139	322

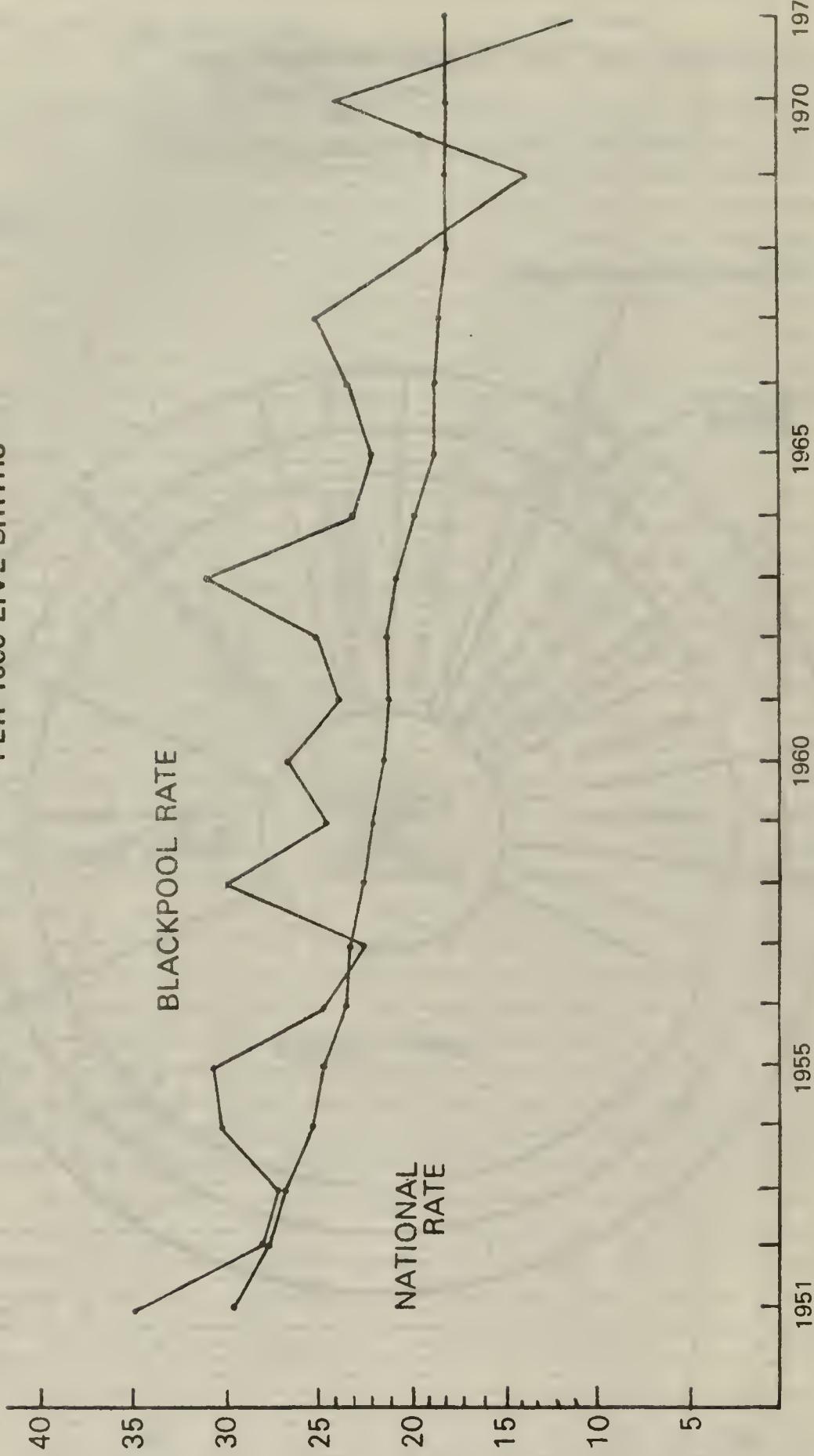
Deaths from Principal Causes
 Rate per 1,000 population
 and
 Percentage of Total Deaths (Outer Circle)



INFANT MORTALITY RATES
PER 1000 LIVE BIRTHS

BLACKPOOL RATE

NATIONAL RATE



DEATHS

There were 2,543 deaths in 1971 compared with 2,715 in 1970 and 2,735 in 1969. This comprises 1,287 males and 1,256 females. Of every 100 people dying in 1971 there were 4 under 45 years of age, 20 between 45 and 64 years of age, 30 between 65 and 74 and 46 age 75 and over. The number of deaths from each of the four leading causes were: (1970 figures in brackets).

Diseases of the heart	.....	.....	.....	.....	906	(950)
Cancer (all forms)	.....	.....	.....	.....	514	(522)
Vascular lesions of central nervous system	.....	.....	.....	.....	383	(381)
Diseases of respiratory system	.....	.....	.....	.....	290	(333)

The deaths from lung cancer were 132, 2 more than in 1970. Of these 106 were males.

Violent causes accounted for 102 deaths, including 24 in motor vehicle accidents and 10 as a result of suicide.

Coronary Heart Disease. 700 deaths were recorded from this disease during 1971, this being 21 less than in 1970. Deaths and rate per 1,000 population are shown below.

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
No. of deaths	497	527	517	607	578	570	614	730	697	721	700
Rate per 1,000											
population	3.31	3.48	3.42	4.04	3.84	3.76	4.05	4.94	4.15	4.81	4.67

Tuberculosis. There were 7 deaths attributed to this cause during 1971.

Cancer. A slight decrease in the number of deaths due to Cancer from 522 in 1970 to 514 in 1971 was recorded. The following chart shows the number of deaths with site of disease over the last 10 years.

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Lung & and Bronchus	99	83	134	121	103	127	146	108	130	132
Stomach	.....	91	61	68	56	76	54	59	62	60
Breast	.....	41	43	42	39	39	54	46	34	48
Uterus	.....	23	22	23	21	27	24	22	21	13
Leukaemia	.....	4	7	12	11	9	8	11	19	15
Other Sites	.....	223	227	207	221	205	213	237	269	256
	291	443	486	469	459	480	521	513	522	514

Rate per 1,000

population,

Blackpool 3.24 2.93 3.24 3.12 3.03 3.17 3.53 3.50 3.48 3.43

Rate per 1,000

population,

England and Wales 2.18 2.17 2.21 2.23 2.28 2.28 2.32 2.35 2.39 2.39

Suicides. 10 suicides were recorded in 1971, 4 male and 6 female — this total being 3 less than in 1970. Five of the suicides concerned people of 55 years of age and over.

Maternal Mortality. There were no maternal deaths during 1971, 3 such deaths having been recorded during the past 10 years.

Infant Mortality. Nineteen children died under the age of one year during 1971 and this compares favourably with the total of 41 during 1970 and 25 during 1969. A rate of 11.17 per 1,000 live births is thus recorded, as against 23.16 in 1970 and 13.88 in 1969. The national figure remains at 18.

Neo-Natal Mortality. There were 14 deaths during the first month of life — 13 during the first week. This again compares favourably with the 1970 figures when 28 deaths occurred, 24 during the first week. The rate per 1,000 live births for Neo-natal and early Neo-natal is thus 8.23 and 7.64. For comparison the national figures are 12 and 10 respectively.

Peri-natal Mortality Rate

The Peri-natal mortality rate (stillbirths and deaths under one week) combined per 1,000 total live and stillbirths shows a decrease from 28.92 in 1970 to 21.45 in 1971. The national figure is now 22.

Cause of Death	Died in					
	1st Week	2nd Week	3rd Week	4th Week	4th Week +	Total
Congenital Malformations	2	—	—	—	2	4
Prematurity	9	—	—	—	—	9
Acute Bronchitis	—	—	—	—	1	1
Pneumonia and Bronchitis	—	—	—	—	1	1
Meningitis	—	—	—	—	1	1
Cerebral Haemorrhage due to Skull Fracture (Infanticide)	—	—	—	—	1	1
Respiratory Distress	2	—	—	—	—	2
TOTALS	13	—	—	—	6	19

Comparative Statistics

The following table affords a comparison between the statistics of previous years, so far as they are available, with those under the year of review.

PERIOD	Birth Rates (Crude)				Death Rates (Crude)							Cancer (All types)	Lung Cancer
	Total Live Births	Still Births	Illegitimate Live Births		Total	Infantile	Neo- Natal	Peri- Natal	Maternal	Tuber- culosis			
	per 1,000 popula- tion	per 1,000 total births	per 1,000 of total popula- tion	per cent. of total live births	per 1,000 popula- tion	per 1,000 live births	per 1,000 live births	per 1,000 live and still births	per 1,000 total births	per 1,000 popula- tion			
1886-1890	25.2	—	—	—	15.3	144.2	—	—	—	—	—	—	—
1891-1895	23.9	—	—	—	15.3	168.2	—	—	—	—	—	—	—
1896-1900	26.5	—	—	—	14.4	159.9	—	—	—	—	—	·67	—
1901-1905	22.3	—	1.3	—	12.9	138.4	—	—	—	—	—	·93	—
1906-1910	17.4	—	1.2	—	12.2	115.4	—	—	—	—	—	·88	—
1911-1915	15.6	—	1.3	—	14.0	115.7	—	—	—	—	·91	1.3	—
1916-1920	12.7	—	1.4	—	14.7	88.8	—	—	—	—	1.0	1.6	—
1921-1925	15.0	—	1.3	—	14.3	73.3	—	—	—	6.6	·88	1.7	—
1926-1930	11.8	—	·93	—	13.7	66.2	—	—	—	5.7	·78	1.8	—
1931-1935	10.5	53.5	·76	—	14.2	63.6	—	—	—	6.0	·71	2.0	—
1936	..	10.8	55.2	·62	—	15.6	63.0	—	—	4.6	·63	2.1	—
1937	..	10.3	66.9	·64	—	16.6	57.7	—	—	3.1	·62	2.2	—
1938	..	10.9	42.5	·63	—	14.6	47.2	—	—	4.7	·59	2.3	—
1939	..	10.6	39.5	·78	—	14.8	53.5	—	—	2.6	·58	2.1	—
1940	..	9.4	40.4	·69	—	15.4	53.0	—	—	7.1	·49	1.7	—
1941	..	11.5	36.1	·97	—	15.5	56.8	—	—	2.0	·62	2.3	—
1942	..	12.7	36.9	1.3	—	13.8	68.4	—	—	4.8	·49	1.9	—
1943	..	12.5	30.3	1.2	—	14.8	62.6	—	—	2.5	·55	2.2	—
1944	..	13.8	33.7	1.4	—	14.3	41.3	—	—	3.8	·53	2.2	—
1945	..	12.5	29.1	1.7	—	14.8	37.8	—	—	2.6	·5	2.3	—
1949	..	13.7	28.2	1.3	—	13.8	37.8	—	—	2.8	·53	2.2	—
1947	..	15.2	27.1	·98	—	14.6	43.4	—	—	2.1	·53	2.1	—
1948	..	13.3	29.0	1.1	—	13.8	36.3	—	—	1.9	·47	2.2	—
1949	..	12.2	31.4	·88	—	15.1	25.8	—	—	1.1	·45	2.4	—
1950	..	11.3	28.7	·73	—	15.7	37.8	24.8	—	1.7	·30	2.4	—
1951	..	11.1	31.7	·86	—	18.3	35.2	24.7	—	1.2	·34	2.6	—

PERIOD	Birth Rates (Crude)				Death Rates (Crude)							Lung Cancer	
	Total Live Births	Still Births	Illegitimate Live Births		Total	Infantile	Neo- Natal	Peri- Natal	Maternal	Tuber- culosis	Cancer (All types)		
	per 1,000 popula- tion	per 1,000 total births	per 1,000 of total popula- tion	per cent. of total live births	per 1,000 popula- tion	per 1,000 live births	per 1,000 live births	per 1,000 live and still births	per 1,000 total births	per 1,000 popula- tion	per 1,000 popula- tion	per 1,000 popula- tion	
1952	..	10.9	29.0	.68	—	15.4	28.0	19.3	—	.6	.30	2.6	—
1953	..	11.0	27.6	.91	—	14.3	27.2	22.2	—	.6	.16	2.5	—
1954	..	10.8	32.2	.84	—	16.1	30.1	23.2	—	.6	.30	2.6	—
1955	..	10.8	26.4	.86	—	16.0	30.3	25.3	—	—	.21	2.8	0.42
1956	..	11.7	28.8	1.02	8.7	16.4	24.9	18.0	—	.6	.21	2.7	0.55
1957	..	11.7	26.2	.79	6.7	16.1	22.8	16.4	—	—	.16	2.8	0.57
1958	..	11.7	27.2	.85	7.3	16.9	29.6	23.1	—	1.15	.18	3.1	0.64
1959	..	12.1	23.0	.87	7.2	16.6	24.8	17.2	38.8	—	.11	2.7	0.46
1960	..	12.9	15.4	1.1	8.5	16.8	26.9	20.5	32.9	—	.13	2.9	0.70
1961	..	12.5	23.4	1.2	9.4	17.2	23.9	15.4	35.8	1.04	.19	3.1	0.65
1962	..	13.2	24.0	1.4	10.3	17.6	25.1	18.0	38.7	—	.09	3.2	0.65
1963	..	13.7	17.5	1.5	1.1	16.9	31.4	19.8	33.7	—	.16	2.9	0.55
1964	..	13.8	18.5	1.6	11.6	17.5	23.2	15.8	32.3	—	.07	3.24	0.89
1965	..	13.11	18.95	1.6	12.17	17.3	22.31	16.22	32.32	—	.07	3.12	0.80
1966	..	12.85	12.19	1.77	13.83	17.28	23.65	17.47	25.71	0.51	.03	3.03	0.68
1967	..	12.84	22.0	1.7	13.52	17.26	25.0	16.44	38.19	—	.03	3.17	0.84
1968	..	12.5	12.75	1.79	14.20	18.59	20.44	15.06	26.56	—	.10	3.53	0.99
1969	..	12.27	13.16	1.81	14.77	18.65	13.88	9.44	21.38	0.55	0.5	3.50	0.74
1970	..	11.58	14.96	1.68	14.51	18.10	23.61	16.13	28.92	0.55	—	3.48	0.87
1971	..	11.36	14.11	1.75	15.40	16.97	11.17	8.23	21.45	—	.05	3.43	0.88

INFECTIOUS DISEASES AND EPIDEMIOLOGY

Once again, the level of infectious disease in the community has been low, in fact there seems to have been less infectious disease in Blackpool in 1971 than in any other year during the Borough's history. The incidence of measles was the lowest since 1956, the incidence of bacillary dysentery the lowest ever, no cases at all being reported during the year. Scarlet fever and whooping-cough, once so common, have remained at more or less the same low level over the past six years. Blackpool has kept its good record this year with regard to food poisoning and enteric infections, which is very gratifying in view of the large amount of catering required to supply the needs of visitors in the town during the summer months.

I do not think there is any special reason why 1971 was such a low year for infectious diseases. General factors such as good physical health in the population, attention to hygiene, good sanitation, follow-up of contacts and preventive action by immunisation all seem to play their part. Once the major infectious fevers have been reduced to a low level, we now seem to be able to maintain control of them effectively.

Apart from immunisation of children, the department carries out inoculation of adults and these are shown in Table 3; they are of two main types — namely holiday immunisations for persons planning to go abroad, and tetanus toxoid.

Cases notified, admission to hospital and age periods of cases are shown in the following tables, which also show notifications year by year from 1955 for comparison purposes:

Disease	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Scarlet Fever	137	159	73	126	187	163	95	36	39	72	73	66	35	9	51	49	17
Whooping Cough ..	93	281	76	44	92	159	22	8	36	109	17	36	69	29	10	16	25
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	932	82	3,096	276	1,498	775	900	1,050	987	932	509	1,455	438	945	149	919	221
Acute Meningitis ..	5	8	6	4	6	4	—	4	—	1	2	2	6	—	—	4	3
Poliomyelitis ..	8	14	4	8	—	—	—	1	—	—	—	1	—	—	—	—	—
Encephalitis ..	—	—	3	1	3	1	2	1	—	4	—	1	—	—	—	—	—
Dysentery ..	817	206	84	50	62	79	55	159	43	7	420	10	43	191	63	11	—
Ophthalmia Neonatorum ..	17	33	30	47	37	18	16	7	18	9	1	—	—	1	—	1	—
Enteric Fever/ Paratyphoid B Fever.. ..	—	—	2	3	1	—	2	—	—	4	231	—	—	2	1	—	—
Food Poisoning ..	29	24	92	14	101	39	13	8	31	32	22	13	31	4	16	34	11
Infective Hepatitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	58	87	26	13
Malaria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—

Disease	Cor- rected Notifi- cations	Ad- mitted to Hospi- tal	AGE PERIOD Corrected Notification									
			Under 1	1 to 2	3 to 4	5 to 9	10 to 14	15 to 24	25 to 34	35 to 44	45 to 64	65 and over
Scarlet Fever	17	—	—	1	3	8	2	3	—	—	—	—
Whooping Cough	25	4	6	7	3	9	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Measles	221	—	12	29	65	106	7	1	1	—	—	—
Acute Meningitis	3	3	—	—	—	1	1	—	1	—	—	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum ..	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever/Pare B	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	11	1	1	1	1	—	—	1	2	5	—	—
Infective Jaundice	13	7	—	—	—	1	3	2	1	2	1	3
Malaria	—	—	—	—	—	—	—	—	—	—	—	—

FOOD POISONING

General Outbreaks. There were no general outbreaks of food poisoning during the year.

Sporadic and Family Outbreaks. There were three family outbreaks involving eight cases and three sporadic cases, the causative agents being *Salomella Munchen* (2), *Salmonella St. Paul* (1), and *Salmonella Bledeney* (2).

TUBERCULOSIS

Incidence. During the year 33 cases of tuberculosis were notified; 28 respiratory and 4 non-respiratory were primary notifications. The remaining notification was a transfer from another area.

The following table classifies the primary notifications of tuberculosis according to age group.

Age Periods	Primary Notifications			
	Respiratory		Non-Respiratory	
	Male	Female	Male	Female
0—	—	—	—	—
1—	—	—	—	—
2—	—	—	—	—
5—	—	—	—	—
10—	—	—	1	—
20—	1	2	1	—
25—	4	3	—	—
35—	2	2	—	—
45—	2	1	—	—
55—	8	—	—	—
65—	1	—	—	2
75—	1	1	—	—
TOTALS	19	9	2	2

The following table which summarises the notifications register shows the number of patients at the end of 1970, the fluctuation of patients during the year 1971 and the number remaining at the end.

Type and sex of case	Remaining on Register 31.12.70	Notifications (from all sources)	Died	Recovered	Transferred	Lost	Altered Diagnosis	Remaining on Register
Respiratory Tuberculosis	M 299 F 172	19 9	14 2	12 16	2	—	—	290 161
Non-Respiratory Tuberculosis	M 32 F 39	2 2	— 1	— —	— —	— —	— —	34 40
TOTALS	542	32	17	28	4	—	—	525

Chest Clinic. This clinic, administered by the Blackpool and Fylde Hospital Management Committee, is now held at the Victoria Hospital at the following times:—

Monday	9-30 a.m. - 11-30 a.m.
	2-30 p.m. - 4-30 p.m.
Tuesday	2-30 p.m. - 4-30 p.m.
Wednesday	9-30 a.m. - 11-30 a.m.
Thursday	9-30 a.m. - 11-30 a.m.
	2-30 p.m. - 4-30 p.m.
Friday	9-30 a.m. - 11-30 a.m.
	2-30 p.m. - 4-30 p.m.

Notifications for Respiratory Tuberculosis for Blackpool

Year	Notified	Transfers	Total
1957	33	17	50
1958	34	23	57
1959	46	34	80
1960	57	12	69
1961	78	15	93
1962	60	10	70
1963	44	13	57
1964	62	11	73
1965	59	3	62
1966	60	13	73
1967	40	15	55
1968	40	11	51
1969	40	6	46
1970	33	9	42
1971	28	1	29

VENERAL DISEASE

The Veneral Disease Clinic is located at the rear of the Municipal Health Centre. This Clinic is under the control of the Blackpool and Fylde Hospital Management Committee, who have kindly furnished the following information :—

Clinic Sessions :

Males :	Wednesday	10-00 a.m. to 12 noon
	Monday and Thursday	4-45 p.m. to 6-30 p.m.
Females :	Thursday and Friday	10-00 a.m. to 12 noon
	Tuesday	4-45 p.m. to 6-30 p.m.

Dr. J. F. Mackay, the Consultant Venereologist, has kindly supplied the following figures :—

Local Authority Area	Number of Cases in Year			Total
	Syphilis	Gonorrhoea	Other Conditions	
Blackpool	10	222	821	1053
Lancashire C.C. ...	1	57	229	287
Others	—	8	18	26
TOTAL	11	287	1068	1366

The number of new cases reported each year over the past 10 years is shown below :—

1962	443
1963	619
1964	740
1965	864
1966	807
1967	866
1968	911
1969	988
1970	1302
1971	1366

Contact Tracing. This is generally acknowledged to be the most effective method for controlling the spread of gonorrhoea in the community, and it is almost entirely with cases of gonorrhoea that contact tracers are concerned. The work can be difficult and demanding, in that hostility and lack of co-operation can often be encountered when one is probing into this very intimate area of human relations.

In the Blackpool clinic contact tracing is carried out by two experienced members of the clinic team, one for each sex, and every effort is made to persuade known contacts to attend for examination; it has been found here that the majority of patients have co-operated in tracing contacts and persuading them to attend the clinic for investigation.

The following are the results of contact tracing for the four quarters of 1971 :—

Season (1971)	Cases of Gonorrhoea	No. of contact slips issued	No. of attendances resulting
1st quarter	49	26	23
2nd quarter	72	41	24
3rd quarter	103	56	34
4th quarter	63	46	22
TOTAL:	287	169	103

Thus we found that for the year, about a third of the contacts of cases of gonorrhoea actually attended the clinic; we are aware, however, that others attended their own doctor or attended clinics other than Blackpool.

The best hope of controlling gonorrhoea lies in the continued efforts of the contact tracers, who do their utmost to get contacts to come to the clinic.

Health Education Measures. Whilst recognising the great importance of health education in combating the spread of venereal disease, it has not been possible to do any planned work in this direction during the year. However, the Health Department has continued to include V.D. in the programme of health education given to various senior schools in the town.

The posters warning of the dangers involved and giving the address and times of the nearest Special Treatment Clinic are displayed in Public Conveniences, and also in some Public Houses in the town. In an effort to combat damage or defacement to such posters, a supply of "indestructable" posters in laminated plastic was obtained some years ago, but surprisingly, even these suffered damage and constant replacement would seem to be the only answer.

There is a great need to extend health education in V.D. much wider, to include all senior schoolchildren and as many adults as possible, such an undertaking would, however, demand more resources both in personnel and materials than the department possesses at present. It is one more example of the value of a health education officer, which the department has been trying to establish for some years now.

Section 22 — Care of Mothers and Young Children

Six Local Authority Clinics situate in various parts of the town serve the mother and young child.

Abbey Road Clinic)	Purpose built
Bispham Clinic		
Hawes Side Clinic		
Layton Clinic		

Health Centre Clinic—Converted Hospital ward — meets majority of requirements.

Mereside Clinic —Converted Church into combined clinic/library.
Insufficient space to be totally satisfactory.

The tables below show details of attendances at the six clinics :—

	Municipal Health Centre	Bispham	Hawes Side	Layton	Mereside	Abbey Rd.	Total
Children born 1971							
First Visits	73 (190)	272 (315)	129 (167)	178 (180)	62 (66)	162 (140)	886 (1058)
Re-Visits	1244 (1784)	1746 (1857)	1193 (1427)	1367 (1243)	421 (690)	1067 (1137)	7038 (8143)
Total Visits							
Children born 1970	1046 (1059)	1299 (1107)	1196 (1472)	1311 (869)	800 (639)	979 (1001)	6631 (6147)
1969/86	156 (104)	302 (295)	215 (179)	188 (152)	179 (154)	135 (152)	1175 (1036)
No. of Sessions per year	100 (102)	99 (98)	96 (102)	52 (52)	50 (51)	48 (48)	445 (453)
Average attendances per Session ...	23.2 (30.8)	36.6 (36.5)	28.5 (31.8)	58.6 (47.1)	29.2 (30.4)	48.8 (50.6)	35.3 (36.2)

Comparative figures for 1970 are shown in parenthesis. The total number of visits for 1971 was 15,730 compared with 16,364 in 1970, a decrease of 9 children per session to 35.3.

Ante-Natal Service. For several years the attendance figures at ante-natal clinics have continued to decline due to the increasing numbers of expectant mothers attending their own Medical Practitioner for ante-natal care. In 1971 however, this decline appears to have ceased and the total number of visits showed a slight increase. Once again the co-operation between the department, Glenroyd Maternity Hospital and Victoria Hospital has been excellent. The following table shows the attendances at the six clinics during the year :

ANTE-NATAL, 1971

Comparative figures for 1970 are shown in parenthesis.

	Municipal Health Centre	Bispham	Hawes Side	Layton	Mereside	Abbey Rd.	Total
First Visits	122 (141)	41 (40)	38 (25)	15 (15)	11 (20)	13 (28)	240 (269)
Total Visits	1118 (1315)	574 (366)	191 (228)	271 (209)	100 (114)	199 (198)	2458 (2430)
Number of Women Who attended during the year ...	197 (229)	73 (63)	59 (42)	37 (24)	19 (24)	25 (37)	410 (419)
Number of Clinic Sessions	48 (48)	50 (49)	49 (51)	50 (51)	24 (26)	47 (46)	268 (271)
Average attendance per session	23.3 (27.4)	11.5 (7.5)	4.0 (4.5)	5.4 (4.1)	4.1 (4.4)	4.2 (4.3)	9.17 (8.97)

Post-Natal Service. Attendances at post-natal clinics have also continued to decline for some years, but again there was a slight increase in attendances during 1971. Post-natal clinics are now held only when required following ante-natal sessions.

A Doctor of the Blackpool & Fylde Hospital Management Committee attends the post-natal clinic at the Municipal Health Centre, a proportion of his salary being met by this authority for these services.

The following table shows attendances at post-natal clinics during the year.

POST-NATAL, 1971

	Municipal Health Centre	Bispham	Hawes Side	Layton	Mereside	Abbey Rd.	Total
First Visits	137 (90)	32 (29)	8 (13)	5 (5)	5 (5)	4 (16)	191 (158)
Total Visits	138 (106)	33 (32)	8 (13)	5 (5)	5 (7)	4 (18)	193 (181)
Number of clinic sessions per year	42 (35)	18 (16)	5 (6)	5 (5)	5 (5)	4 (10)	19 (77)
Average attendance per session	3.3 (3.0)	1.8 (2.0)	1.6 (2.2)	1.0 (1.0)	1.0 (1.4)	1.0 (1.8)	2.4 (2.4)

Comparative figures for 1970 are shown in parenthesis.

WELFARE FOODS

Tables below show sales made during the year together with comparative figures of previous years.

	National Dried Milk	Cod Liver Oil	Vitamins	Orange Juice	Vitamin Drops	Proprietary Brands Welfare Foods
1971	3,529	1,162	1,372	26,503	2,294	28,304
1970	4,644	1,342	1,470	25,982		29,729
1969	6,212	1,455	1,266	25,717		36,292
1968	9,691	1,553	1,049	23,042		37,153
1967	12,632	1,694	1,146	22,679		37,878
1966	17,394	1,661	1,128	23,182		38,704
1965	20,443	1,865	1,322	23,516		41,144

Proprietary Foods. The following foods are available at all Infant Welfare Clinics; selection of the type of milk or food is normally the mother's choice, excepting where the Medical Officer in attendance at the clinic feels that the infant would benefit from a certain type of milk or food. Their direction is normally accepted by the mother who continues to feed the baby accordingly until otherwise advised.

The list shows the unit sales during the year:—

Baby Rice	247
Carnation Instant Breakfast Food	533
Carnation Milk	997
Complan	40
Cow & Gate Chocolate Milk	42
Cow & Gate, Full Cream	2,637
Cow & Gate, Half Cream	13
Eye Droppers	64
Farex 3 Cereal	333
Heinz Dinner for One	252
High Protein Cereal	229
Horlicks	653
Liga 3 way Food	2,615
Malt & Oil	242
Marmite	557
Mixed Cereal	173
Ostermilk No. 2	5,217
Golden Ostermilk	1,001
Ovaltine	357
Ovaltine Rusks	322
Robsoup	1,582
Robsweet	1,539
Rose Hip Syrup	2,758
Scotts Cereal	13
S.M.A.	1,877
Trufood	2,030
Viro	312
Vits. A and D, Liquid	1,669
	28,304

Confinements in Hospital and Admission to Hospital on Social Grounds.

The Council continue to loan the clinic premises at the Municipal Health Centre to the Blackpool and Fylde Hospital Management Committee, who hold, on Friday morning of each week, a special ante-natal booking clinic for those expectant mothers who wish to have their confinement in Glenroyd Maternity Hospital. This clinic is attended by the Consultant Obstetrician to the Hospital Management Committee.

Usually all first confinements are booked but other cases are assessed according to their medical and obstetrical needs. Those considered suitable for home confinements are referred to the Health Department and visited by the district midwife, who, if she feels that the home conditions are satisfactory, books the case. Should the home environment be unsuitable a report to that effect is forwarded to the Glenroyd Maternity Hospital and the patient is invariably allocated a bed in the hospital. In certain cases expectant mothers are booked for confinement in Glenroyd but for discharge home shortly after confinement to the care of the domiciliary midwife.

Congenital Malformations

Congenital defects apparent at birth, continue to be reported by the Glenroyd Maternity Hospital, Victoria Hospital, St. Annes Hospital and the domiciliary midwives. Any malformation observable at the time of birth is notified to the Health Department on the Statutory notification of birth, and is described as accurately as is possible at the time. In the case of stillbirths notified to the Department, information is requested from the Blackpool Victoria Hospital Pathological Department for the findings of the post mortem examination.

These cases are coded according to the type of malformation, and a return giving identity numbers (not names) is submitted each month to the Department of Health. On receipt of a notification of birth reporting a congenital malformation, the information is transferred to a wallet folder which is passed to the Medical Officer of the District concerned. These folders are filed separately at the area clinics to enable the Medical Officers to keep the children under surveillance.

During 1971, 34 babies were found to be suffering from congenital defects.

A new system of keeping a check on the children "at risk" is in operation. Every child considered to be "at risk" whether as a result of the notification by the Maternity Hospital, the Health Visitors report, or the findings of the Medical Officer in the Department, has a card made out in the central office. These are colour signalled according to the month of birth, and an appointment is made for the child to be seen by a Medical Officer at six and twelve months of age, and subsequently at two, three and four years of age, unless it is considered to be no longer "at risk", or is transferred to the Register of Physically and Mentally Handicapped Children. Non-attenders are followed up by a further appointment, and, where necessary, by a visit from the health Visitor.

PHYSIOTHERAPY

The Physiotherapy Section had an increase in establishment from three

to four during the year. Mrs. Pemberton joined the staff on a full-time basis and Mrs. Noblett returned on part-time duties. Mrs. Shore, however, left to join the staff of I.C.I.

A new Sunlight Clinic was started at Layton and should help to cut down much of the travelling and expense experienced by families in that area who previously had to travel to the Municipal Health Centre.

The Department now has relaxation classes and Stork Clubs at all the clinics with the exception of Mereside, and the expectant mothers appear to enjoy themselves as much as ever. The Geriatric Clinic continues to develop and it is hoped to establish a similar clinic at Layton early in the coming year.

The additional staff has been of benefit particularly at the school for physically handicapped at Highfurlong, and has meant that it has been possible to have more hydrotherapy sessions. This is particularly desirable as we now find that a high proportion of severely physically handicapped children requiring more individual treatment are now being admitted to the school.

The following table shows treatment given during the year:

	Adults	Expectant Mothers	Children under 5	School Children
Artificial Sunlight	48		862	2930
Remedial Exercises	36		152	3446
Radiant Heat	4		32	182
Massage	46		106	34
Other Treatment	16		42	922

Phenylketonuria

Phenylketonuria (PKU) is a hereditary inborn error of metabolism, occurring once in about 10,000 births, in which the amino acid phenylalanine accumulates in the blood. The normal blood phenylalanine level is about 1-2 mg. per cent. In the first few days of life the level may rise slightly but it quickly becomes stabilised. In P.K.U. the level continues to rise and may reach 50-100 mg. per cent in a short time, if the level reaches 15 mg. per cent phenylpyruvic acid, a derivative of phenylalanine, usually appears in the urine.

A highly phenylalanine level in the blood leads to impairment of the nervous system, and irreversible brain damage can occur in a matter of weeks. The condition is treated by keeping the patient on a low phenylalanine diet, and it has been shown that if this diet is started early enough, before clinical signs of P.K.U. are evident, the child's development is virtually normal and mental retardation is prevented.

During the year arrangements were made with Pendlebury Children's Hospital to carry out Scriver tests to detect Phenylketonuria and other metabolic disorders and this arrangement commenced on the 16th of January. All blood samples are taken by Midwives. The babies still in hospital on the ninth day have their blood samples taken by hospital staff and those in the community by the District Midwife. During the year 1,463 tests were carried out and one positive case was detected.

FAMILY PLANNING

The Family Planning Services in Blackpool are operated by the Blackpool and Fylde Branch of the Family Planning Association, and they have submitted the following report :—

Annual Report, 1971

As we advance into 1972 and our 20th year we look back on 19 years of progress, and with it extensive changes in our work, changes both in administration and techniques. Our Association, still a voluntary charity, has now a Medical Director, Dr. Michael Smith, seconded from the Dept. of Health and Social Security. This epitomises the future for us, as we inevitably come to the day when like the Fire Brigade and the M. & C.W. Services we swing from a voluntary organisation to a, we hope, National Health one.

It is, therefore, gratifying to still have so much loyalty and support from all our voluntary non-medical staff and still that extra enthusiasm which goes beyond a mere job from our devoted medical workers.

1971 has been perhaps a year of the young. We do our best in counselling and advice to help them cope with their sex problems, which manifest at an even earlier age than say 1970. We are also pleased that so many young men come to the clinics, as we draw away from the old idea that birth control is a woman's problem.

With the help of the Local Authority grant scheme we are beginning at last to see an increasing number in social groups 4 and 5 and hope to extend this work in a domiciliary scheme.

We have seen 1,177 new patients, and had altogether 8,428 patient visits — an increase of 1,084 visits on the previous year. 946 cervical smears were taken.

A fortnightly clinic has opened at Mereside and the response is encouraging. Good attendances are also noted at Layton and South Shore. The continued co-operation of Dr. Wauchob and the Health Dept., helps us to successfully overcome the pressure of work continually threatening to swamp our limited resources.

MATERNITY & CHILD WELFARE DENTAL SERVICE

At the year end there were only the Chief Dental Officer, one Dental Officer and two part-time Dental Officers who could each devote only a small part of their time to this service.

Every effort is now being made to encourage children to come for regular dental inspections from the age of three. Otherwise it has been found that many children require decayed teeth extracting if they are not seen until they start school.

Health Visitors are co-operating by advising mothers to bring their toddlers to the School Dental Clinics. They also teach mothers the rules of dental hygiene and give nutritional and dietary advice.

If mothers can be well motivated towards appreciating the value of dental health, their children will have a much better chance of growing up with sound teeth.

Owing to the professional staff shortage it has been necessary to discontinue the weekly session in which the former Chief Dental Officer attended one of the three ante-natal clinics. It was found that most mothers attended private dentists and this should not be discouraged since it means they can have regular dental attention rather than attending our dental clinics only when they have babies. Of course they are offered priority treatment if they have any difficulty in getting dental treatment elsewhere.

Meanwhile it is pleasing to know that the Consultants and all members of their staffs continue to stress the urgent need for dental care to all the mothers who attend the Ante-Natal Clinics.

Numbers Provided with Dental Care

		Number	Number who	Number who
		Examined	required treatment	commenced treatment
Expectant and Nursing Mothers		275	219	3
Children Under Five	... ...	40	40	40

Forms of Dental Treatment Provided

	Scalings	Fillings	Emergency Visits	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
	and Gum Treatment						Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	1	2	1	—	7	1	—	—	—
Children Under Five	1	11	23	—	57	30	—	—	—

Number of sessions devoted to M. & C.W. patients:—

For Treatment 5 For Health Education 33

Section 23 — Midwifery

1971 has proved a most difficult year for the midwifery section.

In January the Scriver Test for phenylketonuria was commenced and with adequate staff it became part of the midwives work. Two weeks later the postal strike lasting 2 months, caused considerable disruption. However, due to co-operation between hospitals and midwives, and the almost daily help of the Ambulance Service, the blood specimens were collected and transported to Pendlebury Children's Hospital, Manchester. At the end of the strike some specimens were found still in the post and had to be repeated. In fact it was not envisaged there would be so many repeats for various reasons. The closing of the Laboratory for a number of days at Bank Holidays also meant many extra visits for the midwives.

The number of cases visited for Scriver tests only was 318 resulting in 407 visits in all.

There was one positive case during the year, and the prompt action of the hospital resulted in immediate treatment for the baby. This will be reported elsewhere in the report.

Deliveries — were 127 showing a decrease of 12 on the previous year.

Early Discharges from Hospital — these showed an increase from 929 to 1,152. Of these cases 486 were discharged between 2—4 days and 666 between 5—9 days.

Investigations concerning suitability for Home Confinement or Early Discharge decreased from 690 to 583. A total of 957 visits were made. Many wasted visits result from patients being out but some are not at the address given or have moved before the midwife can call.

Training — during the year 15 student midwives completed training.

A community health programme of training has been in operation since March. The visits are enjoyed by the students and the first project on the Ambulance Service contained some excellent information.

Only two midwives are approved District teachers.

Staff. Due to sick leave the staff have been depleted since April. At the end of the year 4 full-time midwives and one part-time midwife were in post. Due to housing problems one midwife was without a telephone and a further midwife appointed in August had not taken up her post. It is expected to be March before she will commence duty.

During December there were days with only one full-time midwife on duty and nights with only the midwife without a telephone on duty. The co-operation of Glenroyd Maternity Hospital helped over this crisis. The midwives find it a considerable strain covering several areas and organising the visits at the same time teaching students.

Hospital Liaison. District midwives continue to visit or contact Glenroyd Maternity Hospital each day to arrange domiciliary care of all patients discharged before the 10th day.

Charted below are details of premature live and still births in the borough.

Weight at birth	Premature live births											
	Born in hospital				Born at home or in a nursing home				Transferred to hospital on or before 28th day			
	Total births	Within 24 hours of birth	Died		Total births	Within 24 hours of birth	Died		Total births	Within 24 hours of birth	Died	
			In 1 and under 7 days	In 7 and under 28 days			In 1 and under 7 days	In 7 and under 28 days			In 1 and under 7 days	In 7 and under 28 days
2 lb. 3 oz. or less	5	1	2	—	—	—	—	—	—	—	—	1
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	12	—	3	—	—	—	—	—	—	—	—	2
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	16	1	1	—	—	—	—	—	—	—	—	2
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	22	—	—	—	—	—	—	—	—	—	—	2
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	49	—	—	—	—	—	—	—	—	—	—	1
Total	104	2	6	—	—	—	—	—	—	—	—	8

Section 24 — Health Visiting

This year has been one of hopes, doubts and fears and one in which the morale of the staff has needed constant appraisal.

The Review

In October, 1971, the Director of Nursing Services was appointed and then followed the beginning of an organisation and methods survey of our section. This is preparing us for integration within the National Health Service in 1974, and we are constantly being told on all sides that we must be ready and well prepared. However, no-one can tell us what exactly integration means, in a practical way. It is, therefore, understandable if field staff find difficulty in being confident in the future, or feeling what is known as "secure".

Those members of the Department who have been on Integration Courses cannot throw any light on the matter either, indeed they seem somewhat more cynical than those who have not been on Integration Courses.

Eventually we decided that the best thing was to look at what we might think integration means. In order to do this we found it necessary to look at our own service clearly and this has been an admirable time to do so.

Health Visiting Service

The Health Visitors are working attached to General Practitioners throughout the town and have done so for some time. Some attachments are more developed than others, but we have been unable to supply all General Practitioners who have asked for further development, with the health visiting staff necessary for their schemes. The General Practitioners would like further development, the Health Visitors find this way of working most satisfactory, and there is nothing to indicate that the patients do not like it.

Further development depends upon an increase in establishment of staff.

Schools

The School Health Service is not so well served by the Health Visitor since the attachment schemes started, the old Geographical way of visiting suited school organisation better.

This year we had what was considered to be a resistant strain of head lice, appear in Blackpool. This appearance of lice resistant to the chemicals used against them has appeared in other parts of the country.

In September we did a survey of all infant and junior schools to ascertain the degree of infestation. This necessitated suspending a large portion of other work, so that as many staff as possible could help us to accomplish the survey in the first three weeks of the school year. We were pleased to find that our infestation was moderate.

We are now using a new chemical for the worst infestations, and with

the appointment of an extra hygienist, we can now follow up the worst infestations more frequently.

To those who knew the School Health Service of years ago, it is unsatisfactory to see it at present.

The organisation of the School Health system was not considered at the time of the recommendations to create attachment schemes. However, we await the findings of the working party on the School Health Service, now proceeding and hope that it will again acquire the standard it once had.

Hospital Liaison

We have a well developed link with the Hospitals through our liaison schemes. Blackpool is about the correct size and geographically ideal to create liaison links with Hospital and Community. The liaison schemes are as follows :—

1. Paediatric liaison with Victoria Hospital.
2. Diabetic liaison with Victoria Hospital.
3. Liaison with medico social workers, Victoria Hospital.
4. Ophthalmic liaison, Victoria Hospital.
5. Chest clinic liaison with Victoria Hospital, with Devonshire Road Hospital.
6. Maternity liaison, Glenroyd Hospital.

Each of these liaison schemes could be further developed, but this requires more time and so more staff.

Health Education

Our health education is on a limited scale, as it has a limited budget. This year we carried out a dental health project in infant schools. This is an ideal way of teaching children, care of the teeth. A small amount of equipment needed buying for this project and so we had to confine ourselves to about eight schools. The project was extremely well received by the children and the teachers and we hope to repeat it again when we have the money.

Most health visitors can see many avenues of development for group health education both within the Hospital and within the community. But the necessary resources are not forthcoming, so the health visitors ideas must remain dormant, "born to blush unseen and waste their sweetness on the desert air".

Summary

Our review, therefore, reveals to us that we cannot add anymore work, nor advance further, without more staff. Can integration mean that these resources will be made available?

We certainly hope so, since never has the health visitors contribution to community health been so much appreciated. More people understand the work of the health visitor than ever before and we have been frequently asked to extend our service in many directions. The health visitors seem to be welcome wherever they go.

Some time ago a new building was being put up at Victoria Hospital and a visiting health visitor asked a hospital staff member what it would be. "Oh, I think it is for the health visitors when they come to work with us", was the reply. We were expected and welcome it seemed, however it turned out to be the new staff dining room.

In fact after much thought we have reached the conclusion that we have made the first stride along the path of integration. We have also decided that whatever happens administratively in 1974, it will not greatly effect our practical work for some time.

Maybe we are wrong! Well there are two more years to wait, perhaps someone will have denied or confirmed our conclusion before then. It is not too much to ask.

Section 25 — Home Nursing

The beginning of the year brought full attachment of District Nursing Sisters to groups of General Practitioners. This scheme has worked quite well and the majority of staff find the closer contact with a small group of G.P.'s much more satisfactory in the care of the patient. It does, however, increase the case load and the extra travelling involved is a hazard to the staff. How to cope with an ever increasing case load is a problem.

The sickness rate in the early months was minimal and this certainly contributed to the success of the scheme.

The establishment was increased by 3 to 42 from 1st April and as a number of nurses had been interviewed and were awaiting a vacancy the posts were filled immediately. This increase only covered the extra time spent in surgeries and travelling. The demand for Baths continues but it is impossible to meet all these requests.

The total number of visits during the year was 146,801, an increase of 5,218. The surgery treatments were 3,598, an increase of 1,990. There is still a demand for staff to spend more time in the surgeries. The number of cases requiring visits between 8—10 p.m. has also increased. These cause a travelling problem, particularly in the S.S. area, during the illuminations time.

District Nurse Training

Mrs. Bradshaw, Mrs. Green and Mrs. Ankers successfully completed District Nursing Training and obtained the National Certificate.

Student & Pupil Nurse Training

This has continued as in previous years. The visit to the district is always enjoyed by the hospital staff.

Hospital Liaison

This has continued with the same Nursing Sister since February. Adequate staff are initiated for holiday relief or sickness.

A District Nursing Case

A District Sister was asked to visit a patient of 84 years who was cared for by her sister of 96 years. The Sister was an ex-District Nurse and her name was put on the list compiled each year for a Christmas gift given by the members of Royal College of Nursing. A visit in the New Year found a delighted person who had received a postal order for £2. This had enabled her to buy an electric over blanket for which she had been saving for some time.

The following table shows the number of patients attended and the respective number of visits made.

	Analysis of Cases				Visits to all Cases			
	Under 5	5-65	Over 65	Total	Under 5	5-65	Over 65	Total
Tuberculosis	—	7	—	7	—	605	60	665
Surgical	39	1075	908	2022	332	14,518	21,518	36,368
Medical	15	1147	3452	4614	85	24,371	84,450	108,906
Infectious Disease	—	—	—	—	—	1	—	1
Maternal Complications	—	7	—	7	—	66	—	66
Others	—	9	44	53	1	207	587	795
TOTAL	54	2245	4404	6703	418	39,768	106,615	146,801

By comparison with 1970 the above figures show increases of 825 cases, and 5,218 visits. An increase is also recorded in the number of patients requiring injections, the total number of patients being 858 more than in 1970. Injections given totalled 52,851, an increase of 622 from 1970.

		Patients	Injections
Anti-Biotics	.....	294	2,411
Diabetics	.....	537	13,669
Other	.....	9,753	36,771
		<hr/>	<hr/>
		10,584	52,851
		<hr/>	<hr/>

Visitors to the town continued to seek treatment and 1,077 visits were made to patients requiring the following services.

Surgical Dressings	.....	23
General Nursing	.....	8
Enemas	.....	8
Insulin Injections	.....	38
Other Injections	.....	141
		<hr/>
		218
		<hr/>

Section 26 — Immunisation & Vaccination

All categories of primary immunising procedures showed an increase during 1972, so that we have been able to maintain the level of immunity against the diseases concerned. This trend is encouraging because normally there is a tendency for the numbers of immunisations in a community to drift steadily downwards once a particular disease has ceased to be a public danger. The "umbrella" consent forms sent to all parents appear to have made it easier for the department to remind parents about inoculations for their children, and to enable us to carry out the procedures more easily.

Measles, polio, whooping-cough, tetanus and diphtheria are the "big five" infections we wish to combat in children; and the numbers of inoculations for each of these has increased in 1971 as compared with 1970. In addition, 648 senior schoolgirls have been immunised against rubella in the first full year of the campaign against this disease.

Apart from immunisations of children, the department carries out inoculations of adults and these are shown in Table 3; they are of two main types — namely holiday immunisations for persons planning to go abroad, and tetanus toxoid injections for persons who have sustained injury and are having a complete primary course of immunisation against tetanus.

During 1971 there was a considerable demand for cholera vaccination on the part of prospective holidaymakers because there was a small outbreak of cholera in Spain in the autumn and the Department of Health and Social Security were advising intending travellers to protect themselves against it.

Type of vaccine or dose	Year of Birth					Others under aged 16	Total
	1971	1970	1969	1968	1964-1967		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	17	835	314	27	15	8	1216
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	5	10	14	99	12	140
5. Diphtheria	—	—	—	1	14	4	19
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	1	—	1	2	10	168	132
8. Salk	—	—	—	—	—	—	—
9. Sabin	32	737	342	45	150	30	1525
10. Measles	3	648	261	80	98	5	1093
11. Rubella	—	—	—	—	—	648	648
12. Lines 1+2+3+4+5 (Diphtheria)	17	840	324	42	128	24	1375
13. Lines 1+2+3+6 (Whooping Cough)	17	835	314	27	15	8	1216
14. Lines 1+2+4+7 (Tetanus)	18	840	325	43	124	138	1538
15. Lines 1+8+9 (Polio)	12	737	341	45	150	50	1315

Table 1—Completed Primary Courses—Number of persons under age 16

Type of vaccine or dose	Year of Birth					Others under aged 16	Total
	1971	1970	1969	1968	1964-1967		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	—	—	4	5	140	24	173
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	—	—	3	1274	47	1324
5. Diphtheria	—	—	—	—	30	—	30
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	1	—	—	12	1201	1214
8. Salk	—	—	—	—	—	—	—
9. Sabin	—	20	2	7	1418	1421	2363
10. Lines 1+2+3+4+5 (Diphtheria)	—	—	4	8	1444	71	1527
11. Lines 1+2+3+6 (Whooping Cough)	—	—	4	5	140	24	173
12. Lines 1+2+4+7 (Tetanus)	—	1	4	8	1426	1272	2711
13. Lines 1+8+9 (Polio)	—	20	2	7	1418	1421	2868

Table 2—Reinforcing Doses—Number of persons under age 16

Table 3 — Adults

	Local Authority	General Practitioners
Smallpox	1,364	378
Cholera	1,725	194
Tetanus	635	—
Typhoid	68	—
TAB and Cholera	122	—

Section 27 — Ambulance Service

The position with regard to staff and vehicles was as follows:—

Staff. There was an increase of two in the establishment during the year, the number employed being:

1 Chief Ambulance Officer
5 Station Officers
1 Shift Leader
45 Ambulance Men

45 of these staff have qualified for the proficiency certificate issued by the Ambulance Service Advisory Committee.

7 members of staff attended the two week basic course organised by the L.C.C. One Station Officer successfully completed the Ambulance Instructors Course at Wrenbury Hall.

The Station Officers act, in rota, in the capacity of liaison officer between the staffs of the Ambulance Service and the Hospital Management Committee, with the Hospital Authority paying a proportion of the salary.

Vehicles

Ambulance:	Morris Diesel	.....	.....	7
	Austin Diesel	.....	.....	1
	B.M.C. Diesel	.....	.....	3
Dual Purpose:	Commer Diesel	.....	.....	6
	B.M.C. Diesel	.....	.....	3
Sitting Car:	Austin Cambridge Estate	.....	.....	1

Oxygenaire Unit

18 requests were made for this service during 1971, mainly in connection with the transfer of patients from Glenroyd Maternity Hospital to Victoria Hospital, but 6 were to Pendlebury's Children's Hospital, Manchester.

Flying Squad

23 requests were made for his emergency service many of them being in the Lancashire County Area.

Statistics

The following charts summarise the cases moved and the mileage travelled during 1971. Figures for 1970 are given for comparison.

	1970		1971	
	Stretcher 386	Sitting 27,979	Stretcher 439	Sitting 26,874
OUT PATIENTS "IN"	343	27,358	368	26,139
HOSPITAL ADMISSIONS	2,769	1,679	2,653	1,534
HOSPITAL DISCHARGES	1,339	5,299	1,340	5,771
HOSPITAL TRANSFERS	1,096	793	1,033	1,002
NURSING HOMES, CONVELESCENT HOMES ..	233	98	197	90
INFECTIOUS DISEASES	8	7	7	10
CHIROPODY	—	1,636	—	1,957
MIDWIVES	—	95	—	56
TRAINING CENTRES	—	29,742	—	30,558
EMERGENCIES	5,206	1,814	5,284	1,860
HOUSE TO HOUSE REMOVALS	80	124	63	45
ROOM TO ROOM REMOVALS	148	12	98	38
WARD TO WARD REMOVALS	86	3	39	15
TRAIN	—	8	6	28
MISCELLANEOUS	236	3,557	193	3,322
TOTAL PATIENTS CARRIED ..	11,928	100,104	11,720	99,299

The costs of operating the Ambulance Service are as follows :—

Cost per person carried 0.97p
 Cost per vehicle mile 0.29p

MILEAGE

	1970	1971
Ambulance	219,403	231,053
Dual Purpose	102,212	100,441
Cars	80,878	68,893
TOTAL ..	382,291	398,387

It is pleasing to note that the costs of providing the Blackpool Ambulance Service are one of the lowest of all the County Boroughs in the Country, reflecting no doubt the involvement in transporting trainees to the junior and adult training centres.

Section 28 — Prevention of Illness, Care and After-Care

Loan of Equipment. Various items of sick-room equipment are available on loan from the Department, and the number of loans during 1971 (571) surprisingly showed a decrease of 52 compared with 1970. This is somewhat unusual in view of the policy of domiciliary care in preference to hospitalization where possible, but may be due to the fact that loans were for a longer period than previously.

Loan of Equipment - 1971

Article	Stock	Quarter Ending March	Quarter Ending June	Quarter Ending September	Quarter Ending December	Totals
Bed Pans	35	24	33	25	31	113
Bed Rests	32	22	22	19	21	84
Air Rings	13	16	12	8	5	41
Rubber Sheets	40	7	10	15	11	43
Invalid Chairs	27	4	23	6	7	40
Male Urinals	19	9	11	9	7	36
Female Urinals	3	1	1	2	1	5
Bed Cages	14	5	12	6	6	29
Commodes	30	12	20	19	10	61
Crutches	16 prs.	4	2	3	1	10
Enuresis Alarms	17	6	13	10	14	43
Feeding Cups	2	1	4	—	1	6
Walking Cradles	3	—	—	—	—	—
Pick-up Walking Aids	24	3	8	7	11	29
Three-legged Walking Sticks	17	4	2	8	3	17
Bed Boards	2	—	—	—	—	—
Pneumatic Toilet Seats	—	—	—	—	—	—
Covers	2	—	—	—	—	—
Overhead Lifting Chains, Bed and Mattresses	2	—	—	—	—	—
Bed Pads	9	2	5	4	2	13
Bath Seats	1	—	1	—	—	1
TOTALS		120	179	141	131	571

Laundry Service. This service has continued to be of great benefit to the chronic sick and where adequate washing and drying facilities are lacking. Cases are referred by the District Nurses. Sheets are delivered and collected twice weekly, the soiled sheets being taken to Victoria Hospital to be laundered. The yearly figures are shown in the following table:

Year	No. of New Cases	Cases Continuing	Total Cases	Sheets Issued	Sheets Laundered
1967	42	10	52	5,222	4,535
1968	41	12	53	4,973	4,319
1969	31	6	37	4,146	3,695
1970	31	8	39	4,278	3,789
1971	28	8	36	5,050	4,670

The number of notifications, though continuing to fall, still indicate that there are sources of infection, and the co-operation of all adults is important to bring about the end of this infection.

In 1970 in England and Wales there were over 1,600 deaths from all forms of Tuberculosis, illustrating that it is still a disease to be reckoned with and still causes more deaths per annum than any other infectious disease.

The department has one full-time Health Visitor whose main concern is the care and aftercare of Tuberculosis patients. As in previous years a close liaison with the Chest Clinic of the Blackpool & Fylde Hospital Management Committee was maintained, the Health Visitor acting as relief at the Chest Clinic during holiday periods.

Summarised below are figures showing visits made during the year in relation to tuberculosis work.

Home Visits

Bacille Calmette Guerin Vaccination (B.C.G.)

Vaccination of Contacts. This work is carried out at the Chest Clinic, Victoria Hospital who during the year skin tested 83 contacts; 63 proved negative and 82 vaccinations were carried out.

Vaccination of School Children. Vaccination of older school children, 13/14 year age group, has continued and I give below the relevant figures:

No. offered B.C.G.	.....	.....	.....	1,308
No. of consents	.....	.....	.....	1,243
% of consents	.....	.....	.....	95%
No. of Skin Tests	.....	.....	.....	1,244
No. of positives	.....	.....	.....	270
No. of negatives	.....	.....	.....	873
No. vaccinated	.....	.....	.....	873
No. of X-rays	.....	.....	.....	47

In the case of children who are strong positive reactors, parents are advised that an X-ray of the chest is necessary, and this is carried out at the Chest Clinic.

Mass Miniature Radiography

A radiography unit of the Manchester Regional Hospital Board visited the town on four occasions in 1971, and details of X-rays taken are shown below:—

Type of Examinee		Males	Females	Total
Industry/Offices	.....	235	329	564
General Public	.....	1,760	2,193	3,953
Contacts	.....	86	54	140
Persons in contact with children	.....	11	56	67
General Practitioner referrals	.....	6	3	9
		2,098	2,635	4,733

Abnormalities Discovered

Tuberculosis requiring treatment	.....	1	1	2
Healed tuberculosis	.....	19	29	48
Bronchial carcinoma	.....	5	2	7
C.V.L. Acquired	.....	13	13	26
Pulmonary fibrosis	.....	5	3	8
Pleural thickening	.....	14	8	22
Abnormality of diaphragm	.....	2	3	5
Emphysema	.....	6	1	7
Bronchiectasis	.....	2	2	4
Pneumonitis	.....	2	1	3
		69	63	132

Cervical Cytology

During 1971 the four clinics held each week by the local health authority were continued and an additional clinic was opened at Mereside on a one-monthly basis.

The total number of smears taken throughout the year was 1678, of which 708 were repeats of smears taken three years previously. This compares with over 2000 smears in 1970 and suggests there is no room for complacency, particularly since the "pick-up" rate continues to be high. There were 14 positive or suspicious smears this year, giving a rate of 0.84% or 8.4 per 1,000, a marked increase over last year. Of the 14 smears, 12 were from the 970 first smears taken, i.e. a rate of over 12 per 1,000.

Eight of the women with positive or suspicious smears had cone biopsies carried out and at least five of these showed carcinoma-in-situ; in one of these there was evidence of early malignant invasion.

Three smears reverted to negative without treatment.

Statistics for 1971

Total number of smears taken	1678
Number of 1st smears	970
Number of repeat smears	708
Number of positive smears	14
% of positive smears	0.84
Ratio of positive smears	8.4 per 1000

It is interesting to note that two of the women with carcinoma-in-situ had had negative smears three years previously and under the new D.H.S.S. scheme for recall at 5-yearly intervals would not have been re-examined for a further two years. Further, both these women were aged under 35 years and Department policy discourages the taking of smears from women under 35 years of age. The Local Authority policy in Blackpool of encouraging women of all ages to come for the test every three years would seem vindicated by results: the ages of the women with suspicious or positive smears in 1971 were:

20, 24, 26, 31, 33, 34, 36, 37, 49, 52, 56, 56 and 69.

(The three whose smears reverted to negative without treatment were aged 20, 41 and 56).

The relation of positive findings to social class was much the same as in previous years:—

Social Class	I	II	III	IV	V
No. with positive smears	0	2	4	4	0
with 4 not known.					

Parity	Relation to parity				
	0	1	2	3	4
No. with positive smears					

Other Pathology

- 435 complained of vaginal discharge.
- 419 found to have cervical erosions with/without cervicitis.
- 56 trichomonal infections.
- 22 monilial infections.
- 55 with cervical polyps.
- 6 prolapses.
- 1 with fibroids.

As in previous years we are grateful for the liaison and co-operation from the Gynaecology and Pathology Departments of the Victoria Hospital.

Chiropody Service

During 1971 the Chiropody Service provided by the Department for the elderly and physically handicapped continued to be in great demand. This service is very important in that it not only relieves pain and discomfort, but helps to keep the patients more mobile and better able to enjoy a fuller life. It is, therefore, considered a sound investment in that a more mobile retirement population should make fewer demands on other statutory and voluntary services.

The service is organised for persons of retirement age, expectant mothers and registered disabled persons; a charge of 15p per treatment is made, and Ambulance Transport is available where considered necessary. A maximum of 50 sessions per week are now held, and these average between 6 and 7 patients a session, at six clinics throughout the town.

It is considered that to maintain an efficient service a patient should have an average of 5 appointments a year (i.e. every 10 weeks). With the increasing demands from new patients, the average time between appointments is often as much as 15 weeks, and it is hoped to establish additional Chiropodists in the coming financial year to cope with the ever-increasing number of new patients.

The figures below show the number of treatments given both at clinics and in the patients' homes, over the past 5 years.

	1971	1970	1969	1968	1967
1st visits (all clinics)	964	735	707	690	689
Revisits	11,576	9,771	8,455	6,998	6,162
Sessions held	1,722	1,475	1,301	1,116	987
Home visits	3,673	2,885	2,509	2,427	2,325

Haemodialysis in the Home

Circular 2/68 gave local authorities the approval, under Section 28 of the National Health Service Act, 1946, to convert or adapt domestic premises for the purpose of installing artificial kidney machines for intermittent haemodialysis in the home.

The room chosen for the installation of a kidney machine needs to be 80 to 100 sq. ft. to accommodate a bed and the required equipment, a direct supply of hot and cold water to a Belfast sink. The walls and also the ceiling should be washable and the floor crack-free and covered in waterproof material. Adequate drainage is essential and may necessitate additional plumbing. There may also be a need for additional electrical wiring for the dialysar which requires a 30 amp supply. An extension alarm or warning bell is also considered necessary. The hospital authorities in addition to providing the kidney machine also pay for the installation and rental of a telephone.

There is provision under Section 28 for the authority to make charges for the provision of such alterations as may be required. The policy determined by this authority is that in deciding whether there should be any re-payment, regard should be made to the financial circumstances of the patient, and to whether the house value would be improved. If financial circumstances so justify, a negotiated contribution by the Corporation is considered appropriate or — in cases of improvement of house value — an interest free loan. Where the house did not lend itself to suitable adaptations or where the owner would not agree to them being carried out, the family in question could be re-housed in a suitable municipal dwelling.

Following requests from the Medical Director of the Artificial Kidney Unit at Withington Hospital, Manchester, this authority have adapted two homes for this purpose.

Unfortunately, one of the two patients died early in the year.

Occupational Therapy

Domiciliary Geriatric Treatment

The main aim of this service is to encourage and facilitate independence in the home and daily life. Patients are referred mainly through General Practitioners via Health Visitors and District Nurses. Some patients are also referred for follow-up, from the Occupational Therapy Department at the Blackpool Victoria Hospital. At first the referrals tended to be long term patients but now after four to five months the pattern is slowly changing. More referrals are being received for "assessment" which only requires one or perhaps two visits to the patients home. Due to this, the figures for domiciliary visiting are less, but the intake of new patients per month remains at approximately five to six. This service is now being used more readily by other domiciliary staff and it is hoped that this will continue.

Paediatric Treatment - Highfurlong School and Woodlands School

With the physically handicapped children the main aim is improvement of finger manipulation and dexterity; encouraging use of the affected hand, even if it is only to steady things or hold things. A lot of the children referred for treatment cannot use scissors or manage buttons and these things are incorporated, whenever possible, into treatment sessions. With the Cerebral Palsy children the emphasis is on bilateral co-ordination of the hands and eye-hand co-ordination, as without these their general progress is impeded.

With the mentally handicapped children the emphasis is on much the same theme, but the eventual aims are that they will be able to dress and feed themselves, thus putting their levels of hoped attainment on a much more basic level. In many of the cases treated it is very much a following up of what the teacher does, but on an individual basis which also allows more opportunity for a regular assessment, without actually putting the child in an assessment situation.

In both schools the Occupational Therapist works in conjunction with the Teachers and Physiotherapists, and discussions have proved very enlightening as each is assessing the child from a slightly different view point.

Medical Examinations

Examination for Corporation Employment

It is the policy of this Authority that all persons obtaining employment within the Corporation, whether Technical, Clerical, Administrative or Manual (with certain exceptions in the cases of seasonal employees) are required to pass a medical examination. This includes both full and part-time employees. In addition to a medical examination certain categories of employee, including Nursing Staff, Teaching Staff, School Meal Workers, Home Helps, Day Nursery Staff and others whose employment brings them into regular contact with children are required to have an X-ray examination.

Long Term Sickness

It is also Council policy that the Medical Officer of Health be informed of any Corporation employee who is absent from duty for a period of six weeks or more due to sickness or injury. The Medical Officer of Health then decides whether a medical examination is necessary, having regard to the circumstances of the case.

During 1971, 1,126 medical examinations on Corporation employees were carried out and the results are analysed on Page 57.

Epilepsy and Driving

The Motor Vehicle (Driving Licences) Regulation, 1970, enabled certain persons suffering from Epilepsy to hold a driving licence, providing they could satisfy certain specified medical requirements.

During 1971 nineteen cases were referred by the Licensing Authority to the Medical Officer of Health, who, after reviewing the relevant medical documents and information from the Medical Practitioners concerned, was able to recommend that all the applicants should be issued with a driving licence.

Examination of Fylde Water Board Staff

Widal tests and bacteriological examination of faeces and urine specimens were carried out on 19 new employees appointed to the staff of the Fylde Water Board. Negative results were received in respect of all these tests.

	FIT					UNFIT		
	Unconditional	Too old for Superannuation	For Part Time Only	Temporary	To resume or continue	For Employment	Permanent Ill-health	To resume Normal Duties
All Departments ..	793	5	—	25	49	9	31	214
Airport ..	7	2	—	—	—	1	—	—
Baths ..	5	2	—	—	3	1	1	4
Blind ..	2	—	—	—	—	—	—	—
Children's ..	7	—	—	—	—	—	—	—
Cleansing	31	1	—	—	12	—	7	23
Education	231	—	—	10	8	3	—	38
Electrical Services	10	—	—	1	—	—	2	8
Fire	18	—	—	—	—	2	—	—
Health ..	50	—	—	1	1	—	—	21
Highways	61	—	—	1	4	—	4	30
Libraries	13	—	—	—	—	—	—	—
Magistrates ..	4	—	—	—	—	—	—	—
Parks	28	—	—	4	1	—	4	6
Police	—	—	—	—	12	—	—	—
Publicity	1	—	—	—	—	—	—	—
Surveyors ..	—	—	—	—	—	—	—	—
Transport	128	—	—	1	3	2	10	74
Treasury ..	25	—	—	3	—	—	—	1
Town Clerk ..	34	—	—	2	—	—	1	2
Weights & measures	2	—	—	—	—	—	—	—
Welfare & Social Services ..	136	—	—	2	5	—	2	8

THIS CHART SHOWS THE STATE OF FITNESS OF ALL PEOPLE EXAMINED ACCORDING TO DEPARTMENT

Cremations

The Medical Officer of Health, Deputy and one Assistant Medical Officer are authorised under the Cremation Act to issue certificates giving permission to cremate. Applications to cremate at the Blackpool Crematorium numbered 2,073. Of these 1,214 were in respect of Blackpool residents.

There was a decrease of 81 as compared with last year with a decrease of 73 so far as Blackpool residents were concerned.

The table below shows the trend of applications for cremation over the past six years :—

	1971	1970	1969	1968	1967	1966
All applicants	2,073	2,154	2,120	2,124	1,978	1,898
Blackpool residents ...	1,124	1,287	1,298	1,291	1,208	1,159

The number of burials show a decrease of 54 on 1970 :—

1971 .....	.....	.....	.....	.....	.....	.....	611
1970 .....	.....	.....	.....	.....	.....	.....	665
1969 .....	.....	.....	.....	.....	.....	.....	629
1968 .....	.....	.....	.....	.....	.....	.....	744
1967 .....	.....	.....	.....	.....	.....	.....	711
1966 .....	.....	.....	.....	.....	.....	.....	765

MEDICAL ARRANGEMENTS FOR LONG STAY IMMIGRANTS

When immigrants, both aliens and commonwealth citizens, settle in this country they are often ignorant of the scope and arrangements of the National Health Service. Some come from countries where they have been particularly subject to the risk of Tuberculosis.

Under the arrangements outlined in Circular 1/65, Medical Inspectors at Ports of entry forward information about long stay immigrants who give addresses within this Borough. Medical Officers in Department visit and give general information about the Health Service and encourage them to register themselves and their dependents with Medical Practitioners, with a view particularly to chest X-ray where appropriate.

During 1971, 52 advice notes were received from Ports and Airports and 48 of these were contacted by Medical Officers in Department. Most of the immigrants were Chinese, to service the growing number of Chinese restaurants in the town. Among the difficulties encountered is the language barrier, which often makes it difficult to communicate with the immigrants, who in some cases give the impression they do not wish to understand

PUBLIC HEALTH ACT, 1936 — REGISTRATION OF NURSING HOMES

There was one additional registration of a Nursing Home within the meaning of the above act, and the Nursing Homes Act, 1963, during 1971. Periodic inspection of all registered homes was carried out by Medical Officers of the department. A list of the Nursing Homes with the number of beds is shown below :—

	No. of Beds	
	Maternity	Others
Northwood Nursing Home, 19 King Edward Avenue, Blackpool	—	20
Ascot Nursing Home, 13 Luton Road, Anchorholme	—	14
Inglehurst Nursing Home, 129 Newton Drive, Blackpool	—	26
St. Teresa's Nursing Home, 188 Norbreck Road, Norbreck	—	12
Convent Nursing Home, 575 Lytham Road, Blackpool	—	80
Cleveland Nursing Home, 32 King George Ave., Blackpool	—	14
New Victoria Nursing Home, 137 Hornby Road, Blackpool	—	17
Oliveen Nursing Home, 108 Bloomfield Road, Blackpool	—	8
TOTAL	—	177

Agencies for the Supply of Nurses. During 1971 there were no applications for registration under the Nurses' Agencies Act, 1957, and the only agency so far registered under this Act cancelled their registration.

HOME SAFETY

One of the modern health problems which has been consistently to the fore, at a time of reductions in deaths due to infectious diseases and other traditional killers, has been the high number of deaths and injuries due to home accidents.

Statistics are rather cold and uninteresting, but remember that even one home accident is a tragedy in some family; the grief of the loss or serious injury to your family can never be forgotten.

Home safety in the town is organised by Blackpool Home Safety Committee composed of representatives from the Local Council, Electricity Board, Gas Board, Fire, Police and Social Services Department representatives. An Administrative Assistant in the Health Department also acts as Home Safety Officer and assists the Committee where required.

The Committee concentrates its efforts on an attempt to educate the public in an attempt to make them aware of the dangers that can exist and how they can be avoided. Talks and film shows are given to organisations such as Boy Scouts, Young Wives' Associations, Old Age Pensioners' Associations and School Children.

The Committee were particularly anxious to talk to such organisations connected with the age groups most at risk, which are the under 5's and the over 65's. Competitions organised amongst Scout Groups were popular and had encouraging results.

Emphasis is always placed on the more common types of accidents which include:—

FALLS

Anyone can have a fall, but elderly people have more serious falls than other age groups, because their bones are more brittle and their powers of recovery less than those of younger people.

BURNS

Burns are often caused by contact with an unguarded fire and can result in death in severe cases or injury requiring years of plastic surgery. Even less serious cases can cause disfigurement.

SCALDS

The most frequent victims here are younger children where the injuries are caused by pots and pans being overturned or hot water run into baths without cold water first. Again, in serious cases there can be damage to tissue and contraction of muscles can result.

POISONING

Here the main problem is of surplus medicines and tablets. Modern drugs and medicines are powerful and effective but can be lethal if misused or left within the reach of children.

The Committee took part in two exhibitions, the Hotel and Catering Exhibition and the Home & Beauty Exhibition, where thousands of leaflets offering advice on accident prevention were distributed.

Displays of RoSPA materials at these exhibitions attracted much attention, particularly from the parents of young children.

The Committee constantly urged that a little foresight, understanding and commonsense could prevent most home accidents from happening.

Once again the Committees main problem was finance, for despite an increase in the grant from Blackpool Corporation, its attempts to mount home safety displays and exhibitions were hampered by shortage of funds. When one considers the costs of hospital treatment and the constant pressure on all branches of the National Health Service, there is no doubt that more cash spent on prevention of home accidents would be a sound economic proposition.

FIRST AID SERVICES



As in previous years the department provided a first aid service from a specially adapted caravan on the Central Promenade during the summer months. It was opened from late May until the end of the illuminations, and at the height of the season for 10 hours a day, 7 days a week.

There is no doubt that this valuable service is very much appreciated by the holiday-makers.

1,973 cases were treated and the details are given below :—

Cuts and grazes	.....	.....	.....	755
Bruises and sprains	.....	.....	.....	191
Splinters	.....	.....	.....	37
Foreign body in eye	.....	.....	.....	74
Scratches	.....	.....	.....	2
Trapped leg, finger, etc.	.....	.....	.....	56
Sunburn	.....	.....	.....	18
Blisters (sunburn)	.....	.....	.....	66

Shock	4
Burns	71
Stings and bites	193
Infectious wounds	65
Boils	18
Fractures	3
Conjunctivitis	12
Fainting	9
Redressing	246
Others (mainly sickness and headaches)	153
	<hr/>
	1,973

To talk about mishaps and holidays in the same breath may seem rather like discussing funerals at weddings, but it is said that life itself is a calculated risk, so when on holiday, wherever we go, there is a certain element of danger — perhaps that is part of the enjoyment — a sense of expectancy that new and exciting adventures are before us. On the other hand there are certain experiences we could well do without, and with a little forethought a holiday could be even more enjoyable.

As can be seen from the above figures, the greatest number of cases is due to cuts and grazes mainly to the feet. Beach shoes are an obvious protection against sharp objects on the beach.

Small children enjoy throwing sand, and many cases of foreign bodies in the eye are caused by this, but sea breezes whipping up dust and sand can add to this discomfort. Sunglasses can act as a shield although their normal function is to protect the eye from glare, as this is greatly intensified by the reflection from water and sand, and can be a potential cause of headaches. Even on holidays, headaches can come along, and some form of analgesic tablet suitable to you is not out of place in your equipment.

A holiday by the sea is made perfect by fine sunny weather, but sun worshippers should remember that the cooling sea breeze is apt to make one unaware of the heat of the sun. However, year after year holidays are still ruined by over-enthusiastic sun exposure. Take care, take a protective lotion, and remember that anti-sunburn creams are more effective in preventing rather than curing, but they do help to encourage tanning without tears. If children are to spend a considerable amount of time in and out of the sea, an old tee shirt or blouse put over their swim suits will protect their arms and shoulders from becoming blistered and will not interfere with their activities. Nothing is guaranteed to wreck a holiday more than sleepless nights soothing a fretful sunburned child.

PUBLIC HEALTH LONDON ACT, 1936

Public Swimming Baths

PUBLIC HEALTH ACT, 1936

The Baths General Manager has kindly furnished the following information :—

The Open Air Bath. Built 1923, maximum length 376 ft., maximum width 172 ft.; championship area 333 ft. x 75 ft.; capacity 1,600,000 gallons.; spectators accommodation 5,000; source of water supply—pumped from the sea through the 900 ft. x 8 in. intake pipeline, in an effort to obtain selective water, into a 500,000 gallons. settling tank. The water is allowed to settle for a pre-determined period of a minimum of 8 hours and is treated with a regulated dosage of chlorine, it is then filtered through four gravity-fed filters at a turn-over rate of approximately eight hours.

Derby Bath. Main Pool 165 ft. x 55 ft.; capacity 485,000 gallons.; spectators accommodation 2,000; learners' pool 33 ft. x 33 ft.; capacity 17,000 gallons.; source of water supply—pumped from the sea into two settling tanks 120,000 gallons. capacity, prior to filtration; turn-over rate—main pool approximately three hours, learners' pool approximately two hours.

Remedial Section. The Remedial Section of the Derby Baths, work on which was suspended due to the outbreak of hostilities in 1939, now stands completed in a modified form. In the light of the changed circumstances of needs, ideas of planning, the availability of specialised equipment and improved techniques in building, considerable alterations to the original conception were made in consultation with the Baths General Manager and the Baths Committee to make this establishment unique in the range of facilities provided. There is space within the new section for future development if demand justifies.

The Ground floor comprising some 5,680 square feet of floor area provides the Warley Road Entrance with ticket office, telephones and lift and stairs up to the Gymnasium on the second floor.

Dressing Room. From the Entrance the patron enters the Cooling and Dressing Room area which provides 27 cubicles with reclining couches and wardrobes, where attendants will furnish hot towels, etc., appropriate to the treatment to be undertaken. This portion also includes some lounge area, facilities for refreshments, and toilet accommodation. From here, the patron will go to the treatment desired and return for rest, cooling and refreshment.

Facilities provided and administered by competent staff includes: Three authentic timber Sauna Baths of Finnish make, each of which will accommodate ten to fifteen persons a session.

Five marble shampoo and massage slabs with associated basins, scotch and vichy douches, provided with hot or cold, fresh or sea water. Two stainless steel Aeratone vessels, one of which is provided with hoisting and lowering gear for aiding disabled patrons. Two vapour rooms. Suite of three Turkish Rooms each progressively warmer. Three Bathrooms for hot, fresh and sea water baths, Luma pine and hydropathic treatment.

Provision is made in the cooling area for various electrical and infra-red treatments to be undertaken. In association with the foregoing there are ancillary showers, needle sprays and a small pool for total immersion. The

central core of the ground floor area is given over to staff rooms, toilets and storage.

Gymnasium. The Gymnasium (2,668 sq. ft.) providing facilities for approximately 32 patrons at one time, comprises a fully furnished hall 60 ft. long by 30 ft. wide, and ancillary Instructor's Room, Kit Store, Changing Accommodation, Showers and Toilets. Equipment is provided for Basketball, Indoor Football, Netball, Boxing and Badminton; the enthusiast will also find a Trapeze, a Trampoline, a Punch Ball, a Cycle Exerciser, a "Readson" Stimulator, and the usual facilities, for vaulting, climbing, swinging and other gymnastic activities.

Decor. The interior finishes on the ground floor include heated and illuminated ceilings, washable plastic fabric, timber or ceramic mosaics or tiles to walls, and resilient P.V.C. carpet, ceramic mosaics or tile floors. The Gymnasium end wall is tiled and the floor consists of maple strip. The exterior of the building is clad in a protected metal sheathing which replaced the original faience. The Engineering Services to serve the above installations comprise: A new boiler plant consisting of four Thompson Multi Pack type boilers, fitted with Hamworthy Rotary Cup Burners, has been installed, using 35 sec. Fuel Oil. The number two boiler house in the Remedial Section has now been converted for oil fuel storage, with associated calorifiers for heating circuits, for fresh and salt water lines and tanks at roof level for storage and head.

There are diving boards in the two above establishments of international standard type up to 10 metres.

Cocker Street Bath. 81 ft. x 24 ft.; capacity 60,000 gallons.; source of water supply—from the Sea Water Works, through our filtration plant; turn-over rate approximately five hours.

Lido Pool. 100 ft. x 40 ft.; capacity 135,000 gallons.; source of water supply—town-main supply (fresh water); turnover rate approximately 4½ hours.

Before entering the filters, in all the above establishments, the water is chemically treated with alumina and soda by means of open-type coagulation plants. The chlorine gas process admits of easy and accurate adjustments to meet the varying needs of the swimming pool, and we maintain the "Free Chlorine Content" to comply with the Ministry's standards for marginal chlorination 0.2 p.p.m. to 0.5 p.p.m. to ensure assurance control.

A special feature of the swimming bath water circulation system at the Derby Bath is the multiple inlets and outlets water withdrawal and distributing arrangement, which ensures pure water over the whole area of the bath.

WATER SUPPLY

The Authority responsible for the water supply in Blackpool is the Fylde Water Board, and the Engineer of the Board has been good enough to furnish the following information:—

Water supplied to Blackpool is collected at two sources: (a) from water-sheds at Barnacre, and (b) at Stocks on the River Hodder, and is satisfactory in both quantity and quality. At both these head works, upland surface water is collected and stored in reservoirs. The watershed at Barnacre is free from human habitation and at Stocks the Fylde Water Board owns the watershed and controls all operations on it.

During the summer months the water from Barnacre was augmented by water pumped from a new borehole at Garstang, and the water from Stocks augmented by borehole water from Broughton. This water is excellent in quality but is somewhat harder than the upland water and the effect of this is shown in the chemical analyses set out later in this report.

Bacteriological examinations have been made throughout the year of both the raw water and treated water, and the results are as below :

Source of Sample	Number Examined	Av. No. of coliforms organisms/ 100 mls.	Average No. of colonies growing in Yeast Agar	
			in 2 days @ 37°C.	in 3 days @ 22°C.
RAW WATER				
Hodder	24	648	16	222
Barnacre	24	241	17	74

TREATED WATER

Source of Sample	No. Examined	No. Free from Coliform Organisms	Satisfactory	Aerobic micro-organisms growing in Yeast Agar		
				No. of Colonies per ml of water	in 2 days 37°C	in 3 days 22°C
HODDER SYSTEM						
Stocks supply via 27" main	52	52	100	1	2	
Stocks supply via 36" main	52	52	100	1	7	
Head Office, Warbreck Reservoir	51	51	100	2	13	
BARNACRE SYSTEM						
Barnacre supply via 24" main	52	52	100	2	4	
Barnacre supply via 12" and 15" main	52	52	100	1	1	
Marton & Warbreck Tower & 108 Cornwall Avenue	76	76	100	1	8	

The raw waters are liable to plumbosolvency, and in consequence they are treated with lime after coagulation and pressure filtration to a pH value which gives a positive Langelier index of corrosion. No lead has been found in samples examined.

No action has been necessary throughout the year, as no contamination has been encountered.

The level of fluoride in water supplied to the town is very low, i.e. less than 0.10 p.p.m. as F, and this is well below the optimum figure for the prevention of dental caries.

Fluoridation of Water Supplies

The present position concerning fluoridation of water supply is that the County Borough of Blackpool has intimated that they are in favour of the addition of fluorides but as this is supplied by the Fylde Water Board it is necessary for all local authorities receiving water from them to agree also. The Lancashire County Council and the Blackburn County Borough Council are still considering the matter, whilst the West Riding County Council have formally requested the addition of fluorides. Until all these local authorities agree to the fluoridation of their water supply the fluoridation of the Blackpool water supply is not yet possible.

Fylde Water Board
CHEMICAL ANALYSES FOR BLACKPOOL, 1971

BLACKPOOL	RAW WATER STOCKS	RAW WATER BARNACRE	WARBRECK RESERVOIR WINTER	HEAD OFFICE, MARTON SUMMER	WARBRECK TOWER WINTER	CORNWA AVENUE SUMMER
	Yellow Coloured	Yellow Coloured	Clear & Bright	Clear & Bright	Clear & Bright	Clear & Bright
Appearance						
Colour (Hazen p.p.m. (Pt). ...	63	45	6	3	5	3
Turbidity (p.p.m. Silica) ...	5.7	17.0	Nil	Nil	Nil	Nil
Odour	—	—	Nil	Nil	Nil	Nil
Taste	—	—	Normal	Normal	Normal	Normal
Reaction pH Value	6.8	6.8	8.0	8.1	8.2	7.8
Electrical Conductivity u m h o/c.c.	100	75	125	300	98	250
Residual Chlorine	—	—	0.15	0.15	0.10	0.10
Frea & Saline Ammonia as N ₂	0.06	0.01	0.08	0.06	0.18	0.03
Albuminoid Ammonia as N ₂	0.13	0.08	0.16	0.03	0.07	0.01
Nitrous Nitrogen as N ₂ ...	0.012	0.007	0.003	0.003	0.002	0.003
Nitric Nitrogen as N ₂ ...	0.54	0.53	0.38	0.28	0.20	0.43
Oxygen absorbed 4 hrs. @ 27°C	3.91	2.28	0.78	0.30	0.43	0.21
Frea Acidity as CO ₂ ...	—	—	—	—	—	—
Carbonate Hardness as CaCO ₃	22	8	18	112	12	92
Total Hardness as CaCO ₃	40	24	48	134	32	110
Non-Carbonate Hardness as CaCO ₃	18	16	30	22	20	18
Excess Alkalinity as Na ₂ CO ₃	NII	Nil	Nil	Nil	NII	NII
Calcium as CaCO ₃ ...	32	16	42	78	25	88
Magnesium as CaCO	8	8	6	58	7	22
Total Solids dried at 180°C	88	74	92	208	75	167
Chloride as Cl ...	9	11	12	21	13	16
Sulphate as SO ₄ ...	20	17	30	38	24	24
Lead as Pb	—	less than 0.05	—	less than 0.05	—	—
Manganese as Mn ...	0.13	0.01	0.03	0.02	0.03	0.04
Copper as Cu ...	—	—	—	—	—	—
Iron as Fe ...	0.38	0.30	0.04	0.03	0.02	0.05
Aluminium as Al ...	0.07	0.17	0.10	0.07	0.04	0.03
Flourida as F ...	—	less than 0.10	—	less than 0.10	—	—

SEWERAGE OF THE BOROUGH

The Borough Surveyor has kindly given the following details on the present and future drainage work :

(a) Works of Sewerage and Sewage Disposal carried out in 1971.

1. Completion of construction of screening tank at Manchester Square Pumping Station.
2. Completion of modification of pumps at Anchorholme Pumping Station.
3. Provision of new sewers in conjunction with housing development.
4. Provision of Flood Relief Sewer in Warley Road and Warbreck Hill Road.

(b) Works of Sewerage and Sewage Disposal proposed to be carried out in 1972

1. Provision of sewer in Dockypool Lane/Bennetts Lane to provide main drainage facilities for existing properties.
2. Provision of Flood Relief Sewer in Charnley Road.
3. Extension of Warren Drive sewer to provide for future development.

(c) Proposed Future Works of Sewerage and Sewage Disposal.

1. Construction of new sewer in Lytham Road.
2. Provision of sewers in conjunction with housing developments.
3. Provision of new screening chamber at Anchorholme Pumping Station.
4. Provision of new surface water and foul water outfalls at Anchors-holme.
5. Small flood relief schemes.

Schemes in hand and proposed will provide reasonably adequate facilities for sewerage and sewage disposal.

REFUSE COLLECTION AND DISPOSAL - 1971

This work is carried out by the Cleansing Department of the Corporation.

I am informed by the Director of Public Cleansing that the tonnage of refuse increased slightly over the previous year.

A small decrease in the amount of refuse received at the Refuse Disposal Works was due to furnace, etc., repairs.

The tonnage of clay, soil, rubble, etc., received at the tip was 75,255 — last year the figure was 45,002. This indicates the increasing dependence of contractors on the Local Authority for the disposal of their waste.

The amount of refuse dealt with at the Refuse Disposal Works was 14,869 tons, whilst 44,724 tons, including refuse brought by private traders, were tipped away and about 900 tons of night soil were removed.

Approximately 40 tons of sewage were removed from sumps, etc., at the Royal Lancashire Agricultural Showground.

ENVIRONMENTAL HEALTH SERVICES

The Chairman and Members of the Health Committee,
Ladies and Gentlemen,

I have pleasure in submitting my first report on the activities of the Public Health Inspectorate—a report which summarises the work carried out in 1971 under the direction of my predecessor, Mr. John Pickard.

The pages which follow illustrate the wide variety of functions undertaken by the public health inspectors in their attempts to secure a healthy environment, and to serve the residents of Blackpool and its millions of visitors. It is significant that in setting out its proposals for local government reorganisation, the Government has taken the view that, as far as possible, all environmental health functions should be concentrated in that tier of the system most closely in touch with the people, i.e. the district council.

During the second reading of the Local Government Bill, in the House of Commons, Mr. Peter Walker, Secretary of State for the Environment, was reported as saying that he had decided that environmental health was best dealt with at district level and that this would enable the districts to employ the public health inspectors who could continue the range of functions which they had carried out exceedingly well in the past.

It is both obvious and sensible that the environmental health functions of district councils should be kept together in one self-contained department controlled by a public health inspector. As has been proved during the year under review this structure presents a considerable advantage in that it provides flexibility of staffing, so making it possible to transfer officers from one task to another according to pressure of work in various fields. Equally important is the fact that the existence of a comprehensive environmental health service satisfies the need to maintain, in close contact with the public and with industry, an organisation capable of surveying the whole environment from a health point of view, staffed by officers with extensive training in this field. A comprehensive approach is clearly necessary, since decisions in one field can lead to embarrassing situations in others unless there is full consideration of all the factors involved.

During 1971, all the aspects of environmental health work in Blackpool were dealt with as effectively as possible, but experience is showing that in order that matters such as food hygiene control can be dealt with in the depth which is necessary, additional staff may be required to ensure that all food premises receive regular surveillance. As my predecessor has previously reported, many of the public health inspector's duties are important to the popularity and prosperity of this town, but particularly in the case of food hygiene and food safety.

The reviews which follow represent the results of the efforts of a loyal team of public health inspectors, supporting technical staff and a devoted clerical section. Two long-serving members of the team, Mr. E. Smith and Mr. W. Riley, retired during the year, and Mr. D. Robinson joined another seaside resort. One vacancy had been filled at the year end and another appointment was in process of being made. The training of four student inspectors progressed very satisfactorily and one, Mr. Neil F. Bailey, was awarded a first class honours degree in environmental sciences at the University of Salford.

This report would be incomplete without a sincere expression of thanks to the members of the Health Committee for their support, and to the Medical Officer of Health, the Public Analyst and the other Chief Officers for the co-operation and assistance extended to my predecessor and to me throughout the year.

Municipal Health Centre,
Blackpool

J. Brian Parker
Chief Public Health Inspector.

HOUSING

Although the close links between poor living conditions and disease probably belong to the last century, housing, even in the 1970's can validly be regarded as a public health matter particularly when the modern concept of health is considered i.e. not merely the absence of disease or infirmity but a complete state of physical, mental and social well-being. The knowledge and expertise which has been built up in the modern environmental health service enables the public health inspector to apply the provisions of the various Housing and Public Health Acts to secure improved housing conditions for a vast proportion of the population.

Repairs

Extensive powers to secure the repair of houses exist in the Housing Act, 1957 but these can only be used if the house is considered to be unfit and is not capable of being made fit at reasonable expense or if substantial repairs are required. During 1971 no instance occurred where the use of these powers was considered to be appropriate.

The securing of repairs continued to be effectively achieved, however, by the use of the Public Health Act where disrepair could be classed as being prejudicial to health or a nuisance. Most frequently this action was initiated by the tenant making a complaint to the department but very often the existence of disrepair was revealed during routine inspections such as those made in connection with municipal tenancy applications.

No. of houses in which disrepair was found	257
No. of notices requiring the remedying of defects:	
Oral notices	28
Informal written notices	162
Statutory notices	40
No. of houses in which defects were remedied:	
After informal action	104
After the service of statutory notices	30

In January fines totalling £20 were imposed by the magistrates on an owner who failed to comply with Public Health Act notices. A nuisance order in respect of the premises was also made by the court.

Improvement

The responsibility for "Discretionary" Improvement grants and Standard grants is shared between the Borough Surveyor and the Chief Public Health Inspector; the Surveyor's staff deal with all applications, the assessment of cost of the works and the supervision of improvement works. Before each application is considered, however, a detailed inspection of the house is made by the district public health inspector who decides on the eligibility of the property having regard to its fitness and expected life, schedules the items of repairs required and later certifies the completion of the repair work before the grant is paid. Close liaison between the two departments ensures efficient operation and during 1971, 255 visits were made by the public health inspectors in connection with grant applications.

Standard grants for the provision of such basic amenities as a bath or shower, internal water closet, wash-basin, sink and hot and cold water supplies are available to owners as of right subject to certain qualifying

conditions being satisfied and during the year 139 applications for such grants were received, 135 of which were approved. The number of applications for improvement grants to carry out more extensive works of conversion totalled 59 of which 41 received approval. These latter grants are made at the discretion of the local authority and each application is considered by the Housing Committee.

A housing improvement campaign was held during November in conjunction with a local Trades Exhibition and three improved municipal houses and one unimproved house were made available for inspection by the public.

Also in November a report dealing with the question of area improvement was considered by the Committee who decided that an appropriate policy be implemented within the borough, and it was approved in principle that various areas within land bounded by Talbot Road, Devonshire Road, Church Street and the line of the proposed inner ring road should be general improvement areas and that an area bounded by Talbot Road, Devonshire Road, Church Street and Buchanan Street should be the first such area. Although the Housing Committee recommended that an area improvement officer be appointed it was later decided by the Planning Committee that a pilot scheme should be undertaken using the existing staff.

The Housing Act, 1969, which made provision for the declaration of general improvement areas removed the powers of compulsion which had been available in the 1964 Act. Where the tenant makes representation, however, to the local authority it is possible for a statutory notice to be served on the owner requiring the provision of the standard amenities, but no application was received during 1971 for this action to be taken.

Clearance

The question of slum clearance presents little difficulty in this borough and the next phase in the Council's programme will be the acquisition of approximately 100 houses in Ibbison Street, Leagate, West View, East View, and Brown Street. This comprises an island of properties over 100 years old which are surrounded by approximately 781 houses which are suitable for action as a general improvement area.

The Council decided that where possible the occupiers displaced from the proposed clearance area should have an opportunity of being re-housed in the near vicinity and during the year approved the construction of 46 dwellings on land in the former Kay Street/Middle Street clearance area, less than a quarter of a mile away. Several properties in the proposed area are being purchased by negotiation in advance of compulsory action as part of the Council's policy to help owners suffering hardship.

Under part 2 of the Housing Act, 1957, action was taken during the year in respect of individual houses found to be incapable of being made fit at reasonable expense.

No. of unfit houses demolished in clearance areas	.....	.....	—
No. of unfit houses demolished outside clearance areas	.....	.....	5
No. of unfit houses or parts of houses closed	.....	.....	3

Multiple Occupation

The control of houses in multiple occupation, i.e. those occupied by persons who do not form a single household, continues to demand considerable time and effort, and during the year under review members of the department's staff have been engaged full time in this work. This has involved the inspection and re-inspection of known premises, the detection of houses newly changed to multiple occupation use and advising persons having control of the houses of the works required. The Housing Act, 1961, enables the local authority to introduce a registration scheme but the Council has not found it necessary to exercise this form of control.

During 1971, no houses were found to be so neglected as to warrant the making of individual management or control orders, and most of the informal action continued to be based on Section 15 of the Housing Act, 1961, with requirements according to minimum standards adopted locally some years ago.

Probably the most significant requirement which has been applied in Blackpool is that in any letting used for permanent residential occupation separate rooms should be provided for sleeping and food preparation purposes; this has not been required; however, for lettings used only for holiday accommodation. Where the pattern of occupation does not permit compliance with this requirement without a reduction in the number of lettings, and where no attempt has been made to effect such a reduction voluntarily, the powers available under Section 19 of the Housing Act, 1961 are used. The making of a formal direction prohibits the re-letting of any accommodation in the house until the number of individuals or households has been reduced below a specified number; the direction may be varied, however, as and when appropriate improvements to the property are made. During 1970 no contraventions of existing directions were found.

Further conversions of guest houses to holiday flats or flatlets took place during the year and these were dealt with under the Housing Acts as houses in multiple occupation; standards applying to lighting, ventilation, water supply, washing facilities, sanitary accommodation, food storage, preparation and cooking, and space heating are also used in connection with the Council's minimum standards scheme for holiday accommodation and these standards have been adopted by the local Holiday Flatlets Association.

During the year a joint report was prepared by the Town Clerk, the Borough Surveyor, the Director of Attractions and Publicity and the Chief Public Health Inspector concerning improved standards to be adopted in future applications for planning permission for houses in multiple occupation. Following this report it was decided that three types of accommodation be recognised in the case of future applications for planning permission, i.e. residential flats, holiday flats and holiday flatlets. The principle changes in the requirements are that in holiday or permanent flats a bath or shower, wash-basin and water closet should be provided in each letting together with the requirement that food should not be prepared in a room used for sleeping in permanent accommodation. In holiday flatlets the standards were raised to require one bath or shower for every 15 persons, situated so that no person should need to go up or down more than one floor to reach them. The water closets are to be provided in a ratio of no less than one for every 10 persons and no flatlet should be more than one floor level away from the water closet. At least half the w.c.'s are to be situated in a room separate from a bathroom and a wash basin is required to be provided in every flatlet.

except that it need not be provided in addition to a sink unit in a one-bedroom flatlet. In addition, the floor space standards in holiday flatlets have been improved for habitable rooms which contain kitchen facilities.

Close liaison has again been maintained with the Town Planning section of the Borough Surveyor's department and when premises without planning consent or obvious existing-use rights are found during routine survey and inspection, these are referred to that section for enforcement action.

The public health inspectors undertake the investigation of complaints of unsatisfactory holiday accommodation in hotels, guest houses and holiday flats. 67 such complaints were received in 1971, mainly by the Attractions and Publicity department, and in each case a comprehensive report was compiled by the district public health inspector and a copy sent to the Director of that department. Although each complaint is investigated irrespective of the length of time which may have elapsed between the actual occurrence and the complaint being made, a thorough appraisal of the circumstances generally proves to be difficult when the complainant has returned to his home address. The Health Committee has decided that, as a matter of general policy, when applying the provisions of the Public Health Act, 1936, hotel and guest houses should be required to provide at least one water closet for every 15 guests. This is equivalent to the requirements contained in the minimum standards scheme for holiday accommodation.

No. of houses known to be in multiple occupation (including holiday flatlets)	1189
No. of inspections made in 1971	677
No. of informal notices served	102
No. of statutory notices served	1
No. of directions made on overcrowding	3
No. of directions varied	—

Common Lodging Houses

There are no premises in the borough falling within the definition of common lodging houses contained in the Public Health Act, 1936. Routine district inspections and, more particularly, the continuing multiple-occupation survey, ensure that any likely lodging houses receive attention. During the year the circumstances at two such houses were investigated but it was subsequently considered that these should be dealt with as a boarding-house and a house in multiple occupation respectively.

It would seem desirable that the expression "poor" persons should now be removed from the statutory definition just as the term "working classes" was dispensed with in housing legislation some years ago.

Rents

The owner of a dwelling let on a controlled tenancy is now entitled to conversion to a regulated tenancy with a new rent determined under the Rent Act, 1968, provided that a Qualification Certificate has been granted by the local authority. Before such a certificate is issued the house must be provided with the standard amenities i.e. bath or shower (in a bathroom if practicable) a wash-basin, sink, hot and cold water supply and water closet, (situated internally if practicable). The house must be in good repair and be fit for habitation. A certificate of provisional approval may be granted

for a dwelling lacking all or some of the standard amenities provided that proposals for providing them are submitted with the application for the certificate. This enables the owner to ascertain his new rent entitlement before carrying out the improvements.

All applications are dealt with by the Borough Surveyor but no certificate is granted until the district public health inspector is satisfied that all the qualifying conditions have been complied with. Details for 1971 are as follows:

No. of qualification certificates applied for	219
No. of qualification certificates issued	178
No. of certificates of provisional approval issued	35
No. of inspections by public health inspectors	642

Certificates of Disrepair

Only one application for a Certificate of Disrepair under the Rent Act, 1958 was received during 1971, and in this instance all the necessary works were carried out before the certificate could be issued.

Municipal Tenancies

During the year under review many inspections of Council owned properties were made on behalf of the housing management section of the Borough Treasurer's department in connection with overcrowding and other public health matters.

When an application for re-housing on medical grounds is received, a detailed report on the applicant's existing accommodation is made by the district public health inspector and, during 1971, 339 inspections were made for this purpose. Where necessary, appropriate action was taken under the Public Health or Housing Acts to deal with any unsatisfactory conditions found.

FOOD HYGIENE AND CONTROL

With no less than 5,467 food premises in the Borough, a massive task confronts the department each year in ensuring that the premises comply with legal requirements and that the millions of visitors and the town's 151,000 residents are provided with wholesome food prepared, stored and sold in hygienic surroundings. I am satisfied that administration of the Food Hygiene Regulations is being achieved as effectively as is practicable, having regard to the limited number of staff available.

A satisfactory situation could not exist, of course, without the co-operation of the food trade and criticism of the department's intensive activities in the field of food hygiene can only emanate from the less responsible section of the industry. Thoroughness continues to be the keynote and although the total number of inspections is less than that recorded in the previous year, the amount of time spent on each inspection has increased more than correspondingly. Enforcement of the Regulations calls for not merely a check on the structure and suitability of equipment but a careful assessment of methods of handling, preparation and storage, together with an appraisal of personal hygiene and behaviour of persons employed in food handling.

Although it must be realised that offences against the Food and Drugs Act and the Hygiene Regulations are absolute in themselves, and that the local authority could institute proceedings immediately any failure to comply was detected, the general policy is, except in the case of the most flagrant contraventions, to give a reasonable opportunity to the food trader to comply without resort to such legal action. The public health inspector is available to advise on works required and on the suitability of modern surface finishes, equipment, detergents, bactericides and all matters covered by the regulations. It is correct, I feel, that matters thought to be acceptable in the light of knowledge existing when the first food hygiene regulations appeared some 15 years ago should be criticised or even condemned in the 1970's. To illustrate with a basic example, the prevalent use of absorbent timber in the fittings and equipment can only serve to display an uninformed view of the technological progress which has been achieved since 1955. Moreover, the incredible contention that the term "wash-hand basin" means something entirely different from that accepted by the normal reasonable person, is still encountered with surprising frequency.

Despite the advice available and the tolerance shown by the department, circumstances do arise in which no alternative exists but to enforce the Regulations in the magistrates' court. For example, in October, the proprietor of a town centre cafe was found guilty of 21 offences under the Food Hygiene (General) Regulations 1970 and was fined a total of £525 plus £25 costs. Inspections of the premises had revealed grossly unsatisfactory standards of cleanliness and the need for extensive renovations of structure, equipment and fittings. The conditions reported were deplored by the chairman of the magistrates who pointed out that the catering trade had a definite duty to the public and that compliance with this duty was of paramount importance. Legal proceedings were also authorised in connection with unsatisfactory conditions at a snack bar which had been opened in converted premises without any liaison with the department. At the end of the year it had been impossible to trace the person carrying on the business when the offences occurred and the summonses remained unserved.

The public health inspectorate has been encouraged by the number of occasions on which details of proposals to open new food businesses have been submitted for comment and approval in advance. Needless to say, such approaches have been from enlightened and responsible traders and it is a source of regret that no legislation exists to prevent an unscrupulous operator, often with little knowledge of even the basic principles of food hygiene and care, from opening a food business in totally unsuitable and ill-equipped premises.

During 1971 particular emphasis was placed on structures subject to the Food Hygiene (Markets Stalls and Delivery Vehicles) Regulations, 1966 and regular checks were made at the Promenade forecourts and on the beach.

Outside catering also demanded attention in order to tackle the inherent risks present when food-handling takes place under the temporary conditions. It is pleasing to record that excellent co-operation was forthcoming from the organisers and catering concerns prior to and during the periods of two major events in the town. These were the International Fancy Goods Fair (where in addition to the permanent existing facilities in other buildings, a restaurant, snack bar and licensed bars were erected in a building normally used as a car park) and the three day Royal Lancashire Agricultural Show which was being held in Blackpool for the last time.

Advice to the food trade on the use of detergents and sterilants and the

formulation of cleaning routines have been available from manufacturers for a number of years and this information has been recognised as contributing effectively to the cause of food hygiene. Further assistance from commercial interests was introduced in 1971 with the advent of catering hygiene services offering the periodic thorough cleansing of premises on a contract basis at a negotiable fee. The department has welcomed the arrival of these services but has stressed upon managements that such contracts do not, of course, absolve them from ensuring that their premises are kept thoroughly clean on a day-to-day basis by their own employees.

The premises at which food businesses are carried on in the borough are classified as follows:—

Bakehouses	37
Butchers shops	143
Fish and chip shops	123
Restaurants, cafes and snack bars	342
Residential catering (hotels, guest houses)	3,269
Ice cream manufacturers	27
Licensed premises and clubs	349
Retail food shops	999
Food factories	68
Works and school canteens	60
Number of inspections	2,240

Inspection of Meat and other Foods

The only slaughterhouse situated within the borough is a modern abattoir built by an operating company on land leased from the Corporation, which previously formed the site of an out-dated municipal abattoir. The Company has adopted a policy of continuous improvement and the premises comply fully with the Slaughter of Animals (Prevention of Cruelty) Regulations and the Slaughterhouses (Hygiene) Regulations. Excellent relationships exist with the slaughterhouse management and the veterinary officers of the Ministry of Agriculture, Fisheries and Foods.

The Health Department staff consists of the senior meat inspector, who is a qualified public health inspector, and one authorised meat inspector. In addition a district public health inspector is available for meat inspection duties as required. 100% inspection of carcases and offal is carried out and with effect from the 1st November, 1971 inspection charges were increased to the maxima specified in the Meat Inspection (Amendment) Regulations, 1971 to—

Horse or bovine animal	18p
Calf or pig	5p
Sheep, lamb or goat	4p

Routine inspections of meat and other foods have been maintained at wholesale and retail premises, including action in accordance with the Imported Food Regulations, 1968. The only unexamined containers arriving in the town were those consigned to the branch premises of an international company, containing beef from the Republic of Ireland, together with shell fish and sugar confectionery to other destinations, also from Ireland.

Containerisation has presented no particular difficulty in the department.

There are no premises at which horse meat is sold for human consumption in the area of this Authority.

Animals Killed

Year	Cows	Heifers	Bullocks	Bulls	Calves	Sheep	Pigs	Total
1960	2,404	1,980	9,151	18	1,212	76,825	19,623	111,213
1961	2,372	2,890	10,201	31	1,850	89,129	20,084	126,512
1962	3,218	2,905	9,477	35	1,877	81,699	18,616	117,837
1963	2,825	3,285	9,790	29	1,473	71,934	17,158	106,494
1964	2,631	3,064	8,264	21	1,113	72,051	17,935	105,079
1965	1,695	2,265	7,581	17	900	66,728	17,550	96,736
1966	2,089	2,080	7,288	27	1,113	69,510	16,518	98,625
1967	1,484	1,922	7,480	25	1,002	62,496	16,216	91,450
1968	1,266	2,201	7,113	29	91	61,026	16,831	88,557
1969	1,269	2,212	6,460	12	19	52,731	22,420	86,097
1970	1,583	1,781	7,930	32	11	60,585	21,320	93,242
1971	1,373	1,676	7,683	17	10	55,169	22,565	88,493

Carcases and Offal inspected and rejected as unfit

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected	9,376	1,373	10	55,169	22,565
All diseases except Tuberculosis and Cysticerci:					
Whole carcases rejected	2	3	5	15	137
Carcases of which some part of the organ was rejected	4,856	810	—	2,220	1,513
Tuberculosis only:					
Whole carcases rejected	—	—	—	—	—
Carcases of which some part of the organ was rejected	—	1	—	—	37
Cysticerci:					
Carcases of which some part of the organ was rejected	1	—	—	—	—
Carcases submitted to refrigeration	1	—	—	—	—
Generalised and totally rejected ...	—	—	—	—	—

Meat rejected—Details of Diseases and Conditions found

	Totals lbs.	Brought forward	61,519
Abscessed	11,439	Mastitis	913
Actino-bacillosis	444	Melanosis	2
Actino-mycosis	30	Moribund	371
Anaemia	110	Nephritis	10
Arthritis	781	Oedema	547
Bone-taint	218	Parasitic	2,930
Bruised	788	Pericarditis	1,311
Cadavers	1,339	Peritonitis	104
Cirrhosis	1,585	Pleurisy	317
Congested	3,610	Pneumonia	22
Decomposed	24	Pyaemia	7,632
Dropsy	646	Septic	1,606
Emaciation	713	Tuberculosis	419
Erysipelas	164	Unsound	3,425
Fasciolasis	36,774	Urticaria	547
Fevered	2,471	Xanthosis	2
Fractured	313		
Jointill	70		
Carried forward	61,519		

Poultry inspection

Most of the poultry consumed in Blackpool is processed outside the Borough. Poultry slaughtering on a small scale is carried out at one establishment only, situated within the abattoir precincts, and general supervision is exercised by the resident senior public health inspector. All types of poultry are handled. Because of the limited throughput no inspection difficulties have been encountered having regard to the guidance contained in Circular 22/61. In the absence of specific hygiene provisions for poultry slaughtering establishments, the requirements of the Food Hygiene (General) Regulations, 1970 are applied, with reasonable success, together with the Slaughter of Poultry (Humane Conditions) Regulations, 1971 which came into operation on the 1st August.

Number of visits	120
Number of birds processed	10,190
Percentage rejected as unfit for human consumption	4%
Weight rejected as unfit for human consumption	890 lbs.
(No poultry was formally condemned; rejected items were voluntarily surrendered).	

Disposal of Unfit Meat and other Foods

The Meat (Sterilisation) Regulations, 1969 provides control over the disposal of unfit meat and knacker meat. Such meat must be sterilised before removal from the place of slaughter unless a specific exemption applies. The principal exemption is available to a processor to remove meat for sterilisation, subject to the meat being conveyed in a locked vehicle or impervious container which must be conspicuously labelled. With the exception of certain livers, which are permitted to be removed for use in the manufacture of pharmaceutical products, all unsound meat from the abattoir is removed in an approved manner for processing and conversion to fertilisers.

The policy of accepting the voluntary surrender of unsound foods from shops, warehouses and catering premises is maintained thus ensuring that the destination of such products is known to the Health Department. The food is collected by the department's employees and delivered to the Corporation's refuse disposal plant where it is destroyed by incineration.

The following table gives details of food voluntarily surrendered during 1971 but does not include meat rejected at the abattoir.

	Tons	Cwts.	Ibs.
Carcase meat and offal	—	18	84
Cooked meats and meat products	—	—	—
Canned meats	2	4	85
Other canned foods	3	7	11
Fresh fish	—	1	36
Fresh fruit and vegetables	1	6	68
Frozen foods	3	15	50
Other foods	—	15	20
Total	12	9	16

SAMPLING OF FOOD AND DRUGS

Having County Borough status, Blackpool is a Food and Drugs Authority, and the sampling of food and drugs is quite properly associated with its environmental health functions. During 1971, 358 samples were purchased by the specialist inspector concerned and were submitted to the public analyst. Details are as follows—

	SAMPLES			ADULTERATED		
	Formal	Informal	Total	Formal	Informal	Total
FOODS						
Anchovy Paste	—	1	1	—	—	—
Almonds (Ground)	—	1	1	—	—	—
Baby Food	—	1	1	—	—	—
Beef, Potted	—	2	2	—	—	—
Beef Spread	—	1	1	—	—	—
Beef Stock Cubes	—	1	1	—	—	—
Blackcurrent Health Drink	—	2	2	—	—	—
Brandy	1	—	1	—	—	—
Brawn	—	2	2	—	—	—
Breakfast Fry	—	1	1	—	—	—
Butter	—	5	5	—	—	—
Canelli in Tomato Sauce	—	1	1	—	—	—
Casserole with Beef	—	1	1	—	—	—
Cheese	—	3	3	—	—	—
Chicken in Jelly	—	3	3	—	—	—
Chicken Spread	—	1	1	—	—	—
Chicken Stock Tablets	—	1	1	—	—	—
Chutney (Apricot)	—	1	1	—	—	—
Cinnamon (ground)	—	1	1	—	—	—
Cochineal Colouring	—	1	1	—	—	—
Coconut (dessicated)	—	2	2	—	—	—
Cod Roe	—	1	1	—	—	—
Coffee	—	4	4	—	—	—
Confectionery	—	4	4	—	—	—
Crab Spread	—	1	1	—	—	—
Cream	—	4	4	—	—	—
Currants (washed)	—	1	1	—	—	—
Curry with Chicken & Mushrooms	—	1	1	—	—	—
Custard Powder	—	1	1	—	—	—
Dessert	—	2	2	—	—	—
Drink (Vite)	—	1	1	—	—	—
Dripping	—	1	1	—	—	—
Faggots	—	1	1	—	—	—
Fat (Cooking)	—	2	2	—	—	—
Flavouring Essence	—	2	2	—	—	—
Flour (plain and self raising)	—	2	2	—	—	—
Fruit Mixture (cake)	—	1	1	—	—	—
Fruit Salad in Syrup	—	1	1	—	—	—
Ginger (ground)	—	1	1	—	—	—
Gravy Mix	—	1	1	—	—	—
Ice Cream	3	30	33	—	—	—
Jam	—	4	4	—	—	—
Jelly	—	3	3	—	—	—
Lard	—	3	3	—	—	—
Lemon Curd	—	1	1	—	—	—
Lentils	—	1	1	—	—	—
Loaf (Fruit)	—	1	1	—	—	—
Margarine	—	3	3	—	—	—
Marmalade	—	2	2	—	—	—
Marzipan	—	1	1	—	—	—
Meat Balls in Gravy	—	1	1	—	—	—
Meat Paste	—	2	2	—	—	—
Meat Potted	—	3	3	—	—	—
Meat Tinned	—	9	9	—	—	—
Milk	—	108	108	—	—	—
Milk Shake Powder	—	1	1	—	—	—
Mincemeat	—	1	1	—	—	—
Noodle Squares (Egg)	—	1	1	—	—	—
Nutmeg	—	1	1	—	—	—
Oats (quick cooking)	—	1	1	—	—	—
Oil (cooking)	—	1	1	—	—	—
Pate (Vegetable and Liver)	—	1	1	—	—	—
Patties (Meat)	—	1	1	—	—	—
Peel (Cut Mixed)	—	2	2	—	—	—

Pies	2	1	2	—	—	—
Pilchards in Tomato Sauce	—	1	1	—	—	—
Pork Roll with Stuffing	—	1	1	—	—	—
Puddings	5	6	—	—	—	—
Raisins	—	1	1	—	—	—
Rice (Herb)	—	1	1	—	—	—
Salt (Travy)	—	1	1	—	—	—
Savouries (Slimmers Meal)	—	1	1	—	—	—
Sauce	—	3	3	—	—	—
Sauce Mix	—	2	2	—	—	—
Sausage	1	9	10	—	4	5
Salmon Spread	—	1	1	—	—	—
Sardines in Tomato Sauce	—	2	2	—	—	—
Shrimps	—	1	1	—	—	—
Shortbread Mix	—	1	1	—	—	—
Soft Drinks	—	4	4	—	—	—
Soup	—	2	2	—	—	—
Spaghetti Bolognese	—	2	2	—	—	—
Spaghetti in Cheese Sauce	—	1	1	—	—	—
Spice	—	1	1	—	—	—
Sponge Mix	—	1	1	—	—	—
Steak in Gravy	—	1	1	—	—	—
Stew (Tinned)	—	4	4	—	—	—
Stuffing (Parsley & Time)	—	1	1	—	—	—
Suet (Shredded)	—	1	1	—	—	—
Tartar (Cream of)	—	1	1	—	—	—
Tomato Ketchup	—	1	1	—	—	—
Tonic Water	—	1	1	—	—	—
Tuna (Tinned)	—	2	2	—	—	—
Vindalo Paste	—	1	1	—	—	—
Vinegar	—	6	6	—	—	—
Vollkornbrot (Pumpernickel)	—	1	1	—	—	—
TOTALS	8	306	314	1	10	11

	SAMPLES			ADULTERATED		
	Formal	Informal	Total	Formal	Informal	Informal
DRUGS						
Acetylsalicylic Acid Compound Tablets	—	1	1	—	—	—
Aminophylline Tablets	—	1	1	—	—	—
Ammoniated Mercury & Coal Tar Ointment	—	1	1	—	—	—
Aneurine Compound Tablets	—	1	1	—	—	—
Antacid Powder	—	1	1	—	—	—
Asthma Remedy	—	1	1	—	—	—
Barbitone Sodium Tablets	—	1	1	—	—	—
Belladonna & Phenobarbitone Tablets	—	1	1	—	—	—
Benzocaine Compound BPC	—	1	1	—	—	—
Bisma Rex Tablets	—	1	1	—	—	—
Bronchipax Tablets	—	1	1	—	—	—
Butobarbitone Tablets	—	1	1	—	—	—
Calamine Ointment	—	1	1	—	—	—
Coldrex Tablets	—	1	1	—	—	—
Cough Linctus	—	1	1	—	—	—
Chloromycetin Polivitate Suspension	—	1	1	—	—	—
Crystapen G Tablets	—	1	1	—	—	—
Curicones	—	1	1	—	—	—
Cyclazine Tablets	—	1	1	—	—	—
Cyclobarbitalone Tablets	—	1	1	—	—	—
Diuromil	—	1	1	—	—	—
Doriden Tablets	—	1	1	—	—	—
Euvalerol—B	—	1	1	—	—	—
Fantazin Tablets	—	1	1	—	—	—
Furadantin Tablets	—	1	1	—	—	—
Hydrasaluric K Tablets	—	2	2	—	—	—
Ismelin Tablets	—	1	1	—	—	—
Iron and Vitamin Tonic Pills	—	1	1	—	—	—
Laxative Chewing Gum	—	1	1	—	—	—
Laxative Tablets	—	1	1	—	—	—
Lobak Tablets	—	1	1	—	—	—
Nembutal Capsules	—	1	1	—	—	—
Phenolphalein (Compound) Tablets	—	1	1	—	—	—
Pholcodeine Linctus	—	1	1	—	—	—
Pipanol Tablets	—	1	1	—	—	—
Pirix	—	1	1	—	—	—
Potassium Chlorate & Phenol Gargle	—	1	1	—	—	—
Rheumatic Tablets	—	1	1	—	—	—
Salve (Wades)	—	1	1	—	—	—
Sulphamethazine Tablets	—	1	1	—	—	—
Tofranil Tablets	—	1	1	—	—	—
Thyroxine Tablets	—	1	1	—	—	—
Zinc Undecemate Ointment	—	1	1	—	—	—
TOTALS	—	44	44	—	—	—

DETAILS OF ACTION TAKEN IN RESPECT OF UNSATISFACTORY SAMPLES

Cake

This informal sample contained foreign matter which consisted of charred dough.

Milk

This informal sample failed to satisfy the presumptive standard contained in the Milk Regulations, 1939 in that it was deficient in non-fatty solids to the extent of 3.5%. The milk proved to be genuine and an appropriate letter was sent to the producer.

Potted Meat

Three informal samples were found to be deficient in meat to the extent of 12%, 19.5% and 22.4% respectively. Formal samples of each product were obtained for analysis in 1972.

Sausage

Five informal samples of sausage were found to contain undeclared sulphur dioxide. In each case a warning was given to the retailer to display a notice as required by the Preservatives in Food Regulations, 1962.

Spaghetti Bolognese

This informal sample was contained in a can labelled spaghetti bolognese but which had the characteristics of a pet food. On investigation it was found that the product had been re-labelled on the vendor's premises. Legal proceedings were instituted under the Trade Descriptions Act, 1968 when a fine of £5 plus costs of £11.30 was imposed.

BACTERIOLOGICAL SAMPLING

368 samples of milk were submitted to the Public Health Laboratory at Preston for examination in connection with the tests prescribed in the Milk (Special Designation) Regulations and for tuberculosis and brucellosis in untreated milk. 29 samples were reported as being unsatisfactory and details are given below:—

Designation of milk and type of test	Satisfactory	Unsatisfactory
Pasteurised milk		
Methylene blue test	167	1
Phosphatase test	72	—
Strilised milk		
Turbidity test	71	—
Untreated milk		
Methylene blue test	44	26
(6 samples void—permissible atmospheric shade temperature exceeded)		
Animal inoculation test —for tuberculosis	8	—
—for brucellosis	6	2
Brucella cultures test	—	2 **
(**one sample ring test positive, cultures positive one sample ring test equivocal, cultures positive)		

The unsatisfactory samples were produced outside the borough and in each case the results were notified to the producer, the local authority and/or the divisional milk officer of the Ministry of Agriculture Fisheries and Food, as appropriate.

In the case of the positive brucella samples, notifications to the appropriate chief public health inspector and medical officer of health resulted in milk heat treatment orders being imposed until such time as the infected animals were located and removed from the herds.

MILK SUPPLY

The following is a list of the milk purveyors in the borough:—

Large distribution depots	6
Dairymen's premises, excluding farmers	3
Dairymen using registered dairies other than their own premises	10
Distributors of bottled milk from retail shops	305

The following licences issued under the Milk (Special Designation) Regulations, 1963 were in operation at the end of 1971:—

Licensed Bottling Establishments:

Pasteurised milk	1
Dealers' licences for the sale of pre-packed milk	
Untreated	24
Pasteurised	317
Sterilised	285
Ultra heat treated	26

ICE CREAM

Registration of manufacturers and purveyors

During the year, we lost two soft ice cream manufacturers who were replaced by two others leaving the number of local producers at twenty-seven, eighteen making a soft ice cream, six a traditional variety, and three both soft and hard ice cream mixes.

There was a number of changes of occupiers of registered premises during the year, but again relatively few new registrations. Retail selling points numbered over 600, most of them selling nationally branded products.

Premises and equipment

The structural condition of the premises used in the manufacture of ice cream was satisfactory, accommodation in all cases was adequate and there was compliance with the 1970 Food Hygiene Regulations.

The outlook of our manufacturers remains progressive; new and better equipment is installed as it proves itself.

Sampling

Thirty-two samples were taken for the purpose of chemical analysis and seventy-two for bacteriological examination.

Chemical Analysis

On the 4th January, the Ice Cream Regulations, 1967, replaced the 1959 Food Standards (Ice Cream) Regulations.

They re-enacted the former Standards which included, inter alia, a minimum of 5% fat and 7½% milk solids other than fat for ordinary ice cream, whilst dairy ice cream must contain not less than 5% milk fat and 7½% milk solids other than fat. For Parev (Kosher) ice cream, this must contain not less than 10% fat with no milk fat or any other derivatives of milk. As well, there are standards for ice cream and dairy ice cream containing fruit, fruit pulp, fruit purée or fruit juice, and for milk ices.

In the labelling requirements of the new regulations any ice cream other than a dairy ice cream must have a label on the container or in close proximity to it, which describes that ice cream as containing non-milk fat, or, if relevant, containing vegetable fat.

A comparative classification of the fat content in the samples for the years 1969, 1970, and 1971 is shown in the following table:—

Classification of Fat Content %	1969	1970	1971
Over 5 Below 5	2	6	2
Over 6 Below 6	6	3	13
Over 7 Below 7	3	1	4
Over 8 Below 8	2	3	5
Over 9 Below 9	24	6	3
Over 10 Below 10	5	5	5
	6	24	32

Until this year, a special condition was laid down in the licence to trade on the sands which required that ice cream sold from stalls on the sands should contain not less than 8% fat. This proviso was first imposed before national standards applied (i.e. a legally prescribed minimum fat content of 5%). At one time a high fat content was regarded as ensuring a higher quality article. So far as the number of calories was concerned this was undoubtedly true, but the trend of popular opinion is to reduce the number of calories in the diet, since obesity rather than malnutrition has become the current problem. With the implementation of the new regulations, it was felt that this special condition was no longer necessary.

Accordingly, as will be seen from the table, all samples complied with the operative regulations.

Bacteriological Examination

The following table shows the grading of seventy-two samples submitted for examination for the methylene blue test:—

Class of Mix	...	...	...	1	2	3	4	Total
Heat treated—								
Traditional Hard	...	...	...	30	2	2	2	36
Soft Ice Cream	...	...	...	18	6	6	3	33
Cold Mix	...	...	...	2	1	—	—	3
TOTAL	...	...	...	50	9	8	5	72

Grades 1 and 2

1968	78.8%
1969	88.6%
1970	97.2%
1971	81.9%

Grades 3 and 4

1968	21.2%
1969	11.4%
1970	2.8%
1971	18.1%

Last year, our bacteriological results were the best for many years. This year, the results would have been similar but for the fact that one of our larger manufacturers making both hard and soft ice cream had problems resulting in grades 3 and 4. This necessitated sampling throughout his plant. It was discovered that the mix in his ageing vat was being contaminated. After stripping down and sterilising, no further troubles were encountered here during the year.

Once again, we gladly acknowledge the willing co-operation received from each producer.

FOREIGN MATTER AND MOULD IN FOOD

A matter for some concern is the number of occurrences in which consumers discover foreign bodies or mould in food which they have bought. During 1971 the department dealt with 75 complaints of unsatisfactory food-stuffs. These compare with 56 complaints in 1970 and can be classified as follows:—

	Foreign Matter		Mould Number	
	Number			
	Home Produced Food	Imported Food		
Milk	9			
Butter		2		
Cheese			3	
Bread	7		3	
Canned Meat	1			
Meat Pies	3		1	
Fish	2			
Fruit				
(including tinned)		4	1	
Jam	1			
Vegetables (tinned)		2		
Cereals	2			
Sweets	3		1	
Confectionery	4		2	
Other Foods	14		10	
TOTALS	46	8	21	

Each occurrence reported to the department resulted in a detailed investigation involving as necessary every link in the chain of manufacture and distribution. In many cases involving mould-affected food there were indications that insufficient attention had been given to stock control or that a failure in the distribution procedure had been allowed to occur.

Legal proceedings were heard in respect of the following matters:—

1. Cigarette end embedded in the pastry of a fruit tart. The magistrates considered that the prosecution had failed to prove the case against the manufacturers and therefore dismissed the case.
2. Mould on rum truffles. These were manufactured by the retailers, who pleaded guilty and were fined £3 plus £2.10 costs.

Serious public concern throughout the country about the possibility of wrapped food still being on sale when stale or even when unfit, was revealed following detailed investigations made by public health inspectors in the London area. During the year this led to an interim report by the Food Standards Committee (advisers to the Minister of Agriculture, Fisheries and Food) which recommended that the whole question of the date-marking of food should be reviewed.

TRADE DESCRIPTIONS ACT, 1968

When this legislation came into operation, provisions were made for certain Orders made under the Merchandise Marks Act, 1926 to remain in operation. These specified the marking of certain imported foodstuffs with, for example, the country of origin but during the year the continuation period expired. All the various Merchandise Marks Acts provisions have therefore now been replaced by the newer descriptions legislation.

The Trade Descriptions Act did not replace the "consumer protection"

powers contained in the Food and Drugs Act, which are administered by this department, but some overlapping can clearly exist. Enforcement of the newer legislation is undertaken by the weights and measures inspectors, but before these powers were brought into effect it was agreed between the two departments that any matter relating to the composition, nature, quality or substance of food, together with its labelling and advertising, should be dealt with by the public health inspectors under existing legislation. This policy which is in accordance with central government guidance has resulted in excellent co-operation between the officers concerned, particularly when dealing with complaints of unsatisfactory foodstuffs by members of the public.

Following the investigation into an instance of a can labelled "spaghetti bolognese" containing pet food, proceedings were taken under the Trade Descriptions Act (see report on unsatisfactory food samples).

OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963

During 1971, the Department commenced revisiting premises which on initial inspection had been found to be satisfactory. These inspections gave the officers the opportunity of bringing premises up to date with new requirements and to pay particular attention to new safety aspects of the Act. They showed that there are in use a considerable number of kettle-type water heaters now considered to be unsatisfactory for providing a supply of hot water to the washing facilities.

There were 120 premises newly registered during the year, and 146 registrations were cancelled. Inspection of newly registered premises is now being made on receipt of the registration form. Regular routine visits are still essential, however, as compliance with Sec. 49 (notification of employment of persons) is still neglected by some employers. These routine visits are being made systematically street by street rather than by haphazard selection. This means that the Department is visiting premises first inspected two to three years ago. Problems still exist in inspecting premises which are in use only during the holiday season. Premises about which a complaint is received are visited immediately, but it is noticeable that the Department receives comparatively few complaints from employees.

Most of the premises using mechanical methods of handling goods were found to be satisfactory, and there have been no problems of enforcement. Some wholesale premises are still using unstable climbing facilities to reach stored goods.

The Department of Employment's booklet "The safe use of food slicing machines" was well received, but in some instances where suitable guards have in fact been provided, these are still not being used in the recommended manner. It has been noticed that some food slicing machines are sited on counters which are too high to permit easy access to the machine and that either the operator stands on a temporary unsatisfactory platform to operate the machine or removes the guard to facilitate access to the feed chute.

During the latter part of the year a new single sheet register was devised which records all the types of inspections made, thus eliminating duplication of work. Inspectors now issue to employers abstracts of the Act (OSR.9B) thus ensuring compliance in this respect at the time of inspection and eliminating the service of notices.

The Public Health Inspector engaged on administrative and enforcement duties under the Act since its inception retired in June, 1971, and in September another Public Health Inspector was appointed to carry out these duties, assisted by a Technical Assistant.

In 1971, there were 46 accidents (seven more than in 1970) involving disability for more than three days. Several accidents were caused by employees failing to use the proper means provided for them to reach high storage places. Some of the accidents reported were caused by employees with a history of back trouble carrying or moving loads which aggravated the condition. One serious accident was caused by the use of a ladder to clean a high ceiling when a more stable platform should have been provided.

Many occupiers of premises to which the Offices, Shops & Railway Premises (Hoists and Lifts) Regulations, 1968, apply are still failing to keep on their premises examination reports which have been issued showing their lifts to be satisfactory. Such occupiers are clearly not aware of the provisions of the Regulations and circulars summarising the requirements are distributed as necessary. When reports of unsatisfactory lifts are received by the Department visits are made to ensure that the statutory requirements and other recommendations have been carried out.

Once again there has been good co-operation with management and the Department's advice is frequently sought by persons constructing or altering shops or office premises. Matters of demarcation in enforcement have readily been solved by the excellent co-operation with H.M. Factory Inspectorate.

Detailed particulars of the various inspections made during 1971 are given in the following tables.

During the year the following inspections were carried out:—

Initial inspections

Offices	26
Retail shops	65
Wholesale shops and warehouses	8
Catering establishments	13
Fuel storage depots	—
	112

Recheck of initial inspections

Offices	45
Retail shops	142
Wholesale shops and warehouses	19
Catering establishments	13
Fuel storage depots	—
	219

Re-inspections

Offices	47
Retail shops	184
Wholesale shops and warehouses	14
Catering establishments	37
Fuel storage depots	—
	282

Regarding Registration

Offices	69
Retail shops	436
Wholesale shops and warehouses	11
Catering establishments	53
Fuel storage depots	—
	569

Notification of accidents (visits)

Offices	9
Retail shops	23
Wholesale shops and warehouses	—
Catering establishments	14
Fuel storage depots	—
	46

Hoist & Lift Regulations, 1968

Offices	4
Retail shops	5
Wholesale shops and warehouses	2
Catering establishments	14
Fuel storage depots	—
	25

1,253

Miscellaneous inspections including visits to premises regarding registration to check the number of employees, visits to factory premises to ascertain that separate workplaces, if any, were covered by the Factory Inspector, and amusement arcades

575**TOTAL NUMBER OF VISITS** **1,828****1. Initial inspections****Premises found to be satisfactory:—**

Offices	11
Retail shops	32
Wholesale shops and warehouses	2
Catering establishments	4
Fuel storage depots	—
	49

Premises with contraventions:—

Offices	15
Retail shops	33
Wholesale shops and warehouses	6
Catering establishments	9
Fuel storage depots	—
	63

112**Recheck of initial inspections****Premises complying with the Act:—**

Offices	38
---------------	----

Retail shops	125
Wholesale shops and warehouses	14
Catering establishments	13
Fuel storage depots	—
	190

Premises with contraventions:—

Offices	7
Retail shops	17
Wholesale shops and warehouses	5
Catering establishments	—
Fuel storage depots	—
	29

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2. Re-inspections

Premises complying with the Act as per letters sent to owners and employers:—

Offices	5
Retail shops	36
Wholesale shops and warehouses	5
Catering establishments	3
Fuel storage depots	—
	49

Premises with partial compliance:—

Offices	18
Retail shops	34
Wholesale shops and warehouses	2
Catering establishments	16
Fuel storage depots	—
	70

Premises visited to advise owners and employers regarding works required to comply with the Act:—

Offices	5
Retail shops	17
Wholesale shops and warehouses	3
Catering establishments	5
Fuel storage depots	—
	30

Premises where no action had been taken to comply with the Act:—

Prems. vacated	6	15	2	2
Change of user or employer	10	47	1	5
Demolished	1	8	—	1
No employees after initial inspection	—	26	1	5
Converted to Factories	2	1	—	—
				133

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**LIST SHOWING TYPE AND NUMBER OF CONTRAVENTIONS FOUND ON
INITIAL INSPECTIONS, AND RECHECK
OF INITIAL INSPECTIONS DURING 1971**

ABSTRACT	9	15	—	6	—
CLEANLINESS	1	3	3	—	—
OVERCROWDING	—	—	—	—	—
HEATING					
Insufficient	—	1	1	—	—
Thermometers	12	26	2	10	0
Fumes	—	—	—	—	—
VENTILATION	2	6	1	—	—
LIGHTING	1	3	1	1	—
FLOOR					
Defective	1	3	1	1	—
Coverings	2	1	2	1	—
Openings	—	—	2	—	—
SITTING FACILITIES	—	—	—	—	—
STAIRS					
Defective	1	4	6	—	—
Handrail	2	1	1	1	—
Coverings	—	—	—	—	—
FIRST AID	14	26	4	8	—
FACILITIES FOR EATING MEALS	—	2	—	—	—
DRINKING WATER	1	1	2	—	—
ACCOMMODATION FOR CLOTHING	—	—	—	2	—
WASHING FACILITIES					
Insufficient	—	1	—	—	—
Defective	3	1	—	—	—
Ventilation	—	2	2	—	—
Cleanliness	3	1	2	—	—
Hot water	14	11	5	3	—
Soap and towels	—	—	1	—	—
SANITARY ACCOMMODATION					
Insufficient	1	—	—	—	—
Defective	1	2	1	—	—
Lighting	4	8	1	1	—
Ventilation	2	3	1	2	—
Cleanliness	4	3	2	2	—
Ventilated Intervening Space	1	3	2	—	—
Assign and mark	3	2	1	—	—
Sanitary dressings	—	—	—	—	—

**DANGEROUS MACHINERY NOT PROPERLY GUARDED AS PER L.A.
CIRCULAR 7**

Gravity feed food slicers	5
Horizontal carriage food slicers	—
Refrigerator motors	1
Lift motors	1

DANGEROUS MACHINERY FOUND PROPERLY GUARDED

Gravity feed food slicers	5
Horizontal carriage food slicers	1
Electric motors	15
Electric potato chippers	2
Electric mincers	2
Electric peeler	1
Electric mixer	1
Refrigerator motors	8
Electric dishwasher	1
	36

DANGEROUS MACHINERY PROPERLY GUARDED AS PER LETTERS SENT TO EMPLOYERS (Re-inspections)

Gravity feed food slicers	3
Electric motor fan	1
	4

REPORTED ACCIDENTS

Workplace	Reported		Number investigated	Prosecution	Action recommended		
	Fatal	Non-fatal			Formal warning	Informal advice	No action
Offices	—	9	9	—	—	1	8
Retail shops	—	23	23	—	2	6	15
Wholesale shops/	—	—	—	—	—	—	—
Warehouses	—	1	—	—	—	—	—
Catering establishments open to the public, canteens	—	14	14	—	2	1	11
Fuel Storage depots	—	46	46	—	4	8	34
TOTALS	—	—	46	—	—	—	—

ANALYSIS OF CAUSE OF ACCIDENTS

Falls of Persons	4	11	—	8	—
Machinery	—	1	—	—	—
Transport	—	—	—	—	—
Stepping on or striking against object or person	2	2	—	—	—
Handling goods	2	3	—	5	—
Struck by falling object	1	6	—	—	—
Fires and explosions	—	—	—	1	—
Electricity	—	—	—	—	—
Use of hand tools	—	—	—	—	—

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CLASSIFICATION OF RETAIL SHOPS IN THE BOROUGH

Antiques	20
Books, stationery	21
Butchers	132
Car Sales	30
Car Accessories	10
Central Heating	3
Chemists	78
Clothing	248
Confectioners	77
Cooked meats, tripe, etc.	19
Cycles, prams, sports equipment	31
Decorating materials	47
Drapery, haberdashery	67
Drug stores	21
Gas appliances	3
Electrical goods	106
Florists	21
Foot ointment	1
Footwear, hosiery	54
Furniture, carpets	101
Gifts, fancy goods	180
Glass, crockery	10
Greengrocers, wet fish	111
Grocers	282
Hairdressers	266
Hardware, Sanitary Ware	102
Ice-cream	16
Jewellery	62
Kitchenware	7
Leather goods/wear	9
Launderettes	50
Millinery	6
Musical instruments, records, etc.	5
Newsagents	121
Off-licence	67
Opticians	13
Petrol Sales	22
Pet Stores	22
Post Offices, etc.	36
Secondhand goods	41
Shell fish	9
Sewing machines	3
Silverware	4
Surgical Appliances	2
Sweets, tobacco	192
Toys	20
Wools, etc.	19
Photography	27
Multiple Stores	27

FACTORIES ACT, 1961

At the end of the year there were 627 factories on the Local Authority register, 614 of which were equipped with mechanical power. 592 inspections were made by the district public health inspectors and 32 contraventions were found.

The prescribed particulars on the administration of the Factories Act, 1961 are as follows:

1. Inspections for purposes of provisions as to health (inspections made by the public health inspectors)

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	13	2	—	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority ...	595	584	13 **	—
(iii) Other premises in which Section 7 is enforced by the Local Authority, (excluding out-workers' premises)	6	6	—	—
TOTALS		592	13	—

**In addition 21 oral notices were given

2. Cases in which defects were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted	
	Found	Remedied	Referred			
			To H.M. Inspector	By H.M. Inspector		
Want of cleanliness S.1.						
Overcrowding						
Unreasonable temperature S.3. ...						
Inadequate ventilation S.4. ...						
Ineffective drainage of floors S.6.						
Sanitary Conveniences S.7. ...						
(e) Insufficient	3	3				
(b) Unsuitable or defective ...	27	22	1	2		
(c) Not separate for sexes ...						
Other offences against the Act (not including offences relating to Outwork) ...	2		2			
TOTALS	32	25	3	2		

**Outwork
(Sections 133 and 134)**

Nature of Work	No. of out-workers in August list required by Sec. 133 (1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices Served	Prosecutions
Wearing) Making etc., Apparel) Cleaning and washing	4	—	—	—	—	—
Others	—	—	—	—	—	—

During routine inspections under Part 1 of the Act the public health inspectors made enquiries into the employment of outwork by occupiers and where appropriate the statutory requirements relating to notification were outlined.

Matters notified to H.M. District Inspector of Factories.

Failure to display Abstract of Factories Act	Nil
New factories	6
Factories discontinued	32
Other matters	3

AIR POLLUTION CONTROL

783 visits were made during 1971 in connection with this important aspect of environmental health administration. These included statutory emission observations, investigations of complaints and advisory visits.

The contribution to smoke pollution by industrial and commercial premises in the town is now negligible and no contraventions of regulations governing permitted emissions were recorded. No problems were experienced from grit and dust in industrial installations, nor from the one firm engaged in registered processes under the control of H.M. Alkali and Clean Air Inspectorate.

10 notifications of intention to install new boiler plant were received, 6 of which included applications for prior approval of the proposed equipment. Each application was granted. Approval of chimney height is required by Section 6 of the Clean Air Act, 1968 when a new boiler is being installed or when the combustion space of an existing boiler is being increased, if the fuel input rating is equivalent to $1\frac{1}{4}$ British thermal units or more. This proviso excludes many installations from chimney height approval. 7 applications were received in 1971. Most of these were in respect of small premises located in mixed residential/commercial areas (e.g. coin operated laundries) but having boilers with input ratings of $1\frac{1}{4}$ million British thermal units or more, and burning distillate fuel oil.

6 of the applications were approved without comment and one was refused because of inadequate proposed chimney height, having regard to the proximity of residential premises. A subsequent revised application showing the recommended height was accepted.

On the Fylde Coast, Blackpool and one neighbouring authority participate in the National Survey of Air Pollution and within the borough daily measuring equipment is in operation at the Municipal Health Centre, Hawes Side Clinic and Devonshire Road Hospital. Smoke in the atmosphere is measured and recorded at the meteorological station at the Blackpool Airport, which is situated within the area of an adjacent authority.

At each location the apparatus operates by continuously taking a measured volume of air (approximately 70 cubic feet in 24 hours) from outside the building and drawing it through a white filter paper where the smoke remains as a grey stain. The darkness of the stain is measured photo-electrically and the concentration of smoke calculated. The filtered air is then automatically bubbled through a dilute solution of hydrogen peroxide: the acidity of the resultant solution is determined by filtration with alkali and is used to calculate the equivalent sulphur dioxide in the air. The amounts of smoke and sulphur dioxide are expressed as microgrammes per cubic metre (one part per 100 million (by volume) is equivalent to 28.6 microgrammes per cubic metre). Each month the data obtained is sent to the Warren Spring Laboratory of the Department of Trade and Industry, which in turn provides the local authority with complete details from the national survey.

It is more than disappointing to note that the downward trend in the average concentrations of smoke and sulphur dioxide has not been continued during the year under review. This can be seen in the tabulated information which follows, as can the fact that on one day in January smoke and sulphur dioxide concentrations as high as 956 and 591 microgrammes/cubic metre respectively were recorded.

The burning of coal on domestic open fires is now estimated to be responsible for at least 80% of smoke pollution in the United Kingdom. Despite the continuing tendency for householders to adopt more efficient means of heating which are inherently smokeless, and despite generally favourable climatic conditions in the area, the fact remains that unnecessary smoke pollution is frequently evident in the streets of Blackpool. This applies particularly in the older more densely populated areas, but the number of complaints from occupiers of new bungalow development is particularly significant. Until smoke control areas are introduced in the borough, the public health inspector can do no more than sympathise with a householder whose comfort and health is being constantly affected by the smoke and sooty deposits from his neighbour's heating system.

There is no doubt that the Department of the Environment's policy of requiring a full phased programme for the entire town presents an obstacle to many local authorities wishing to launch a smoke control programme with a pilot scheme to obtain the necessary data and experience. Although the official answer is known, this policy is perhaps even more difficult to comprehend since the issue of circular 53/71 which re-iterates the policy but only so far as districts outside the so-called "black areas" are concerned. It may be reasonable to pose the question that if a mining town can initiate a smoke control programme with a few acres only — why shouldn't a seaside resort.

AIR POLLUTION BY SMOKE AND SULPHUR DIOXIDE
January to December, 1971

	No. 1 Site Muni Health Centre Classification B3			No. 2 Site Inf. Diseases Hospital Classification B2			No. 3 Site Hawes Side Clinic Classification B3		
	Smoke	Sulphur Dioxide (microgrammes/ cubic metre)	Smoke/ SO ₂ ratio	Smoke	Sulphur Dioxide (microgrammes/ cubic metre)	Smoke/ SO ₂ ratio	Smoke	Sulphur Dioxide (microgrammes/ cubic metre)	Smoke/ SO ₂ ratio
AVERAGE DAILY CONCENTRATIONS									
January	136	180	0.76	193	207	0.93	152	168	0.90
February	89	117	0.76	107	142	0.75	89	102	0.87
March	68	95	0.72	83	114	0.73	75	98	0.77
April	50	102	0.49	75	115	0.65	64	108	0.59
May	24	58	0.41	30	79	0.38	24	58	0.41
June	20	45	0.44	30	61	0.49	18	40	0.45
July	12	46	0.26	17	61	0.28	11	43	0.26
August	18	41	0.44	23	54	0.43	16	43	0.37
September	38	65	0.58	49	74	0.66	39	61	0.64
October	44	70	0.63	60	91	0.66	47	71	0.66
November	76	77	0.99	69	89	0.78	64	70	0.91
December	80	95	0.84	93	126	0.74	70	86	0.81
Annual Average (1971)	55	84	0.65	69	101	0.68	56	79	0.71
Annual Average (1970)	52	73	0.71	71	102	0.70	49	71	0.69
HIGHEST DAILY CONCENTRATIONS									
January	640	613		956	591		670	480	
February	312	239		275	191		292	231	
March	169	186		240	246		210	198	
April	133	244		143	241		141	221	
May	74	132		90	237		82	170	
June	38	104		57	119		34	61	
July	24	126		32	121		23	114	
August	36	110		54	119		42	110	
September	74	150		100	145		106	139	
October	79	161		121	164		95	156	
November	295	280		324	276		288	270	
December	310	293		377	336		282	241	

Number of days on which more than 500 microgrammes/m³ recorded:

Smoke: Nos. 1, 2 and 3 sites (January)

Sulphur Dioxide: Nos. 1 and 2 sites (January)

NOISE

Fifty-five complaints were received of noise nuisance during 1971 and their investigation involved the public health inspectors in a total of 556 visits and observations at various times of day and night, compared with 352 in 1970. 43 of the complaints were considered to be appropriate for action under Section 1 of the Noise Abatement Act, 1960 (extending the provisions of the Public Health Act, 1936) if substantiated. These can be summarised as follows:

Noise Abatement Act, 1960, Section 1

	Industrial Premises	Commercial Premises	Roadworks Construction Demolition etc.	Domestic Premises	Other	TOTAL
Number of:-						
Complaints received ...	9	23	1	5	5	43
Cases complained of ...	8	20	1	5	5	39
Cases investigated ...	8	20	1	5	5	39
Nuisances confirmed ...	5	9	1	2	2	19
Nuisances remedied informally	4	6	1	2	2	14
Abatement notices served	—	2	—	—	—	2
Prosecution for contravention of abatement notice ...	—	—	—	—	—	—

Despite considerable sales activities by mobile traders no complaints were received concerning the use on their vehicles of loudspeakers, either generally or outside the hours permitted by section 2 of the Noise Abatement Act, 1960.

12 of the complaints made were in respect of noise sources exempt from proceedings under the Noise Abatement Act or to which action under the Act was not appropriate. Ten of these concerned the apparently increasing problem of noisy animals and these were dealt with by procedure under an appropriate bye-law. This states that no person shall keep any noisy animal which causes a nuisance to residents in the neighbourhood, and a fine of £20 can be imposed. A notice alleging a nuisance, signed by three householders, must be served on the person keeping the animal and proceedings can be taken if the nuisance continues after two weeks have elapsed.

The other most common sources complained of were metal fabrication, loudspeaker systems inside premises (including music), commercial refrigerator motors and ventilation systems.

Statutory notices were served in respect of noise from a supermarket refrigerator motor and from the boiler installation at a coin-operated laundry. The former was complied with within a short time, and at the end of the year further action was being considered in respect of the boiler noise.

Probably the most unusual noise complaints for the year originated in the "Golden Mile" area and concerned the noise levels and conflicting business interests connected with a motor-cycling display, an indoor side-show using an outdoor public address system and a bingo parlour, each in close proximity to the other. Investigations showed, however, that in this inherently noisy area no nuisance was being caused to the general public and no residential properties were affected.

The principal method of assessing an alleged noise nuisance is based on the opinion and careful assessment of an experienced inspector. Whenever practicable, this is augmented by the use of a sound level meter complying with the British Standard 3489. In several instances, however, it has been found that, ideally, frequency-band analyses should be carried out in order to pin-point a noise source and to measure accurately the results of subsequent modifications. It is hoped that in the near future suitable equipment for this purpose can be made available.

PEST CONTROL

Rodent Control

The continuous examination of land and premises for rodent infestations during the year entailed 2,813 visits summarised as follows—Business Premises 879: Dwelling Houses 1,701: Open Spaces 233.

A number of these premises were found to be infested. Orders requesting control of these infestations were duly received and the work was carried out satisfactorily.

Surface Infestations

The number of complaints received was 691. Treatment was carried out at 323 business premises and 368 dwelling houses. Of these, 129 premises were found to be free of infestation. The total number of surface infestation visits made during the year was 2,988.

Rodent Control in Sewers

One control programme was carried out during the year for the control of rats infesting sewers. In May/June 600 manholes were treated with poison. Of this number 10 were found to contain rats. These were baited until no further takes were recorded.

Other Animal Infestations

Pigeon Control

The Department made 154 visits to premises in the Borough following complaints of pigeons causing a nuisance. This resulted in a total of 269 pigeons being destroyed.

This Department employs several methods for controlling pigeons, viz: trapping, shooting and narcotics. The trap used is a large cage trap into which the birds are enticed by means of attractive food. The trapped birds are then collected and humanely killed. The employees carrying out the shooting, which is done at night, are equipped with powerful lamps and a .22 Air Rifle. They are under strict instructions to collect all shot birds and to ensure that these birds are killed.

With the narcotic treatments an attractive bait (maize or wheat), is laid at points where flocks of pigeons are known to feed. This is put down for several days until the pigeons take the bait readily. Then the narcotic alphachloralose is mixed with the bait. This is a narcotic approved by the Ministry of Agriculture for the control of pigeons and can only be used under a Ministry licence.

The success of a narcotic treatment depends on the pigeons taking the bait and it has been found by experience that the best results are obtained from treatments carried out on Sunday mornings, between 7.00—10.00 a.m. Birds which have taken the narcotised bait go into a deep sleep from which they can recover, without any apparent ill effects. The narcotised pigeons are collected during this sleeping period and humanely killed. Any other birds which may have taken the treated grain, e.g. sparrows, are collected, kept safe and released when they have recovered from the effects of the narcotic.

Rabbits

19 visits were made to premises and land regarding infestations by wild rabbits and the necessary eradication steps were taken in all cases.

Moles, Voles, etc.

56 visits were made to premises and the necessary treatments were carried out satisfactorily.

Unusual complaints

During October, November and December the Department received a number of complaints from residents in the Waverley Avenue area of North Shore. The complainants stated that their children were being attacked by a jackdaw, its method of attack being to either land on their heads or shoulders and peck at their heads or to walk up to them and peck at their legs. However, when the Department looked into these complaints it became clear that the bird was very tame and the pecking was intended as a friendly communication. But as a friendly peck could be as harmful as a vicious one it was decided to either kill or capture the jackdaw. If captured it was to be kept in the Stanley Park Aviary.

As a group the carrion feeding birds are extremely wily and this bird was an exception even by their standards for it managed to evade all attempts to trap, shoot or narcotise it and it was still free at the end of the year.

In June a complaint was received from a resident in Cliff Place and was that noises had been heard above a room and that water was coming through the ceiling. The room complained of was a bedroom to the ground floor flat and was situated in a gable roofed single storey structure attached to the back of the house. One gable was faced with boards some of which had become detached, thus giving access to the roof space. These boards had been left off for some weeks and were finally replaced three days before the Pest Control Officer visited the premises. Upon investigation the water coming through the ceiling gave off a similar odour to cat urine, therefore the roof space was examined and a cat was observed. Upon being observed the cat retreated into the eaves, from where it could not be removed. Therefore the opening through the boards was left uncovered, pet food and milk was placed inside the roof space and the cat was left to come out in its own time. When revisited later the occupier said that the cat stayed in a further week and then it came out. They immediately sealed the hole to prevent the same thing happening again.

Insect Infestations

Treatment and/or advice was given following complaints received of insect infestations. The first and subsequent visits are summarised as:—

Vermin, bugs, fleas and lice	395
Cockroaches	493
Ants	147
Flies	23
Woodboring insects	213
Other Pests	341

In addition one female and four males were disinfested for infestations of body lice.

CARAVAN SITES

The number of caravan sites in the borough consisting of three or more caravans is as follows:—

Holiday sites	6
Combined holiday and permanent sites	3
Permanent residential sites	3

All the above sites are subject to licence conditions as laid down by the local authority under the Caravan Sites and Control of Development Act, 1960. The site licence conditions adhere closely to the Model Standards issued by the Ministry of Housing and Local Government, but in many cases in the Marton Moss area a planning condition is imposed to the effect that the caravan should be occupied only by an agricultural worker.

In addition to the above sites the local authority have granted licences in respect of 35 sites where only one or two caravans are sited. The licence conditions for these are similar to those approved for the larger sites.

During the year 226 inspections were carried out to ensure that the licence conditions were being complied with and a formal warning was issued in one instance where the number of caravans specified in the licence had been exceeded. After a number of adjournments at the request of the defence, legal proceedings were heard in March in respect of contraventions recorded at a small seasonal site on the outskirts of the borough at a farm. These concerned insufficient space between caravans and the absence of footpaths, water supply and waste water drainage. A fine of £20 was imposed.

As in previous years many requests were received from holidaymakers anxious to find sites for their caravans—in each case a list of the licensed sites was sent to the enquirer who was advised to apply direct to the site proprietor. The seasonal sites within the borough are mainly used to accommodate static caravans and apart from two small sites, one holding the Caravan Club certificate, few facilities were available for touring caravanners. Planning permission has been granted, however, for the use of 29 acres of land near the borough boundary adjacent to the A.583 Blackpool-Preston road and the requisite licence has been issued to a development company which is to operate the site in agreement with the local authority. This is looked upon as being the first phase of a large caravan park and is licensed for 600 holiday caravans, half of which are to be owner-occupied static caravans and the remaining pitches to be available for touring caravans.

HAIRDRESSERS AND BARBERS ESTABLISHMENTS

Under the Blackpool Corporation Act, 1958, all persons who carry on a business as a hairdresser or barber are required to register themselves and their premises with the Local Authority.

The Act gives powers to make bye-laws and these bye-laws have been made and approved by the Ministry of Housing and Local Government for the purpose of securing (1) cleanliness of registered premises, instruments, towels and all materials and equipment used in the premises and (2) the cleanliness of all persons employed on the premises in regard to personal hygiene and their clothing.

During the year there were 273 ladies' and gentlemen's hairdressing establishments on the Local Authority register.

In the premises inspected a good standard of cleanliness and general hygiene was maintained.

PET ANIMALS ACT, 1961

There are fifteen premises within the Borough which are licensed by the Local Authority for the sale of pets.

Forty-six inspections of these premises were carried out by the District Public Health Inspectors, and all were found to comply with the licence conditions.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1963

This Act requires the licensing of premises where certain animals are boarded or kept for a period.

Five premises within the Borough have been licensed by the Local Authority under this Act.

During the year 21 inspections were carried out to ensure that licence and sanitary conditions were complied with, and all the premises were reported to be satisfactory.

RIDING ESTABLISHMENTS ACT, 1963

Only one riding school in the borough is now licensed under this Act, at which nine horses are stabled.

Five inspections were carried out to ensure that the licence conditions were complied with. Reports were made to the local authority by the veterinary surgeons appointed to report on animal health, and conditions were found to be satisfactory.

Various stables have been kept under surveillance in order to check whether any activities have been undertaken which would require that the premises be licensed under the Act.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1961

Nine premises are registered under section 2 of the Act i.e. premises where filling materials are used. No premises are registered under sections 6 or 7 i.e. premises where rag flock is manufactured or stored.

Ten samples of filling materials were taken during the year, of which two samples of the same product were found to be unsatisfactory.

These were samples of Washed Wool Felt which had an excess chlorine content. The second sample, which had been taken formally, was considered by the Health Committee and a warning letter was sent to the manufacturer.

FERTILISERS AND FEEDING STUFFS ACT, 1926

During the year 18 samples were taken and the results received from the Agricultural Analyst are summarised below.

Sample	Informal		Formal	
	genuine	not genuine	genuine	not genuine
Cattle feed	—	—	1	—
Poultry feed	5	—	1	—
Cattle/pig feed	—	1	1	—
General fertiliser	4	—	—	—
Rose fertiliser	1	2	—	—
Tomato fertiliser	—	1	1	—
TOTALS	10	4	4	—

Action taken in respect of unsatisfactory samples

Cattle/pig feed

An informal sample contained 1.90% excess of protein. A subsequent formal sample was reported to be satisfactory.

Rose fertiliser

An informal sample contained 1.3% soluble phosphoric acid in excess of the amount declared. A warning letter was sent to the manufacturer and a further sample is to be obtained.

Rose fertiliser

An informal sample contained 0.55% magnesium in excess of the amount declared. A warning letter was sent to the manufacturer and a further sample is to be obtained.

Tomato fertiliser

An informal sample contained 1.6% less soluble phosphoric acid than the amount declared. A subsequent formal sample was reported to be satisfactory.

DRAINAGE WORKS SECTION

A comprehensive service is available for the repair, unblocking and cleansing of drains within the Borough and, during 1971—4,278 jobs were undertaken. These works are carried out on receipt of a signed order and often at very short notice, and charges are made on a time and material basis. In addition, the section carries out works in connection with the local authority's statutory obligations; e.g. the cleansing and maintenance of public sewers. (Public Health Act, 1936 Section 24) and work in default of compliance with statutory notices.

Final air and smoke tests are applied to all new domestic properties on behalf of the Borough Surveyor's department and 370 of these were made during the year. At existing properties 275 tests were applied in order to locate suspected defects or to check repaired drains.

In Blackpool, the provision of a domestic dustbin is the responsibility of either the owner or the tenant (Public Health Act, 1936, Section 75). The provision of bins for trade waste is secured where necessary by the use of powers contained in the Blackpool Corporation Act, 1958. The department carries a stock of 3½ cu. ft. British Standard dustbins and 633 of these were supplied in 1971.

During the year a work study exercise was started in this section with the principal aim of introducing an incentive bonus scheme for the eight employees involved. Other methods of up-dating methods of working and administration are currently under review by the Department.

OFFENSIVE TRADES

There are three establishments at which offensive trades (as defined in the Public Health Act, 1926) are carried on, namely:—

Two Gut Scrapers
One Tripe Boiler

These by-product activities are conducted within the precincts of the abattoir and are supervised by the public health inspectors engaged in meat inspection.

Extensive structural works were carried out during the year at one of the premises in order to comply with the department's requirements under the Food Hygiene (General) Regulations, 1970.

DISEASES OF ANIMALS ACT, 1950

Administration of the legislation in the borough was transferred from the Lancashire Constabulary to the Public Health Department with effect from the 1st July, 1971. Each public health inspector has been appointed local authority inspector for the purposes of this Act.

No livestock markets are held in Blackpool and most animals arriving under movement licence have been destined for slaughter. Exceptions have been a number of pigs licensed under the Regulation of Movement of Swine Order, 1959, for piggeries in the Marton Moss area.

In addition to regular inspections of animal transport vehicles at the abattoir routine visits and inspections were made to various premises for the purposes of the Act. Investigations into the risk of transmission of psittacosis by locally imported budgerigars were undertaken jointly by the inspectorate and medical staff in co-operation with veterinary staff of the Ministry of Agriculture Fisheries and Food and the Public Health Laboratory Service.

MISCELLANEOUS STATISTICS

Complaints received

Oral	3,913
Written	211

Visits and Inspections

Food Premises

Bakehouses	104
Butchers' shops	256

Cafes and Snack bars	271
Dairies and Milk shops	240
Fish Frying Shops	77
Hotels, Licensed Premises and Guest Houses	932
Ice Cream Premises	93
Food Manufacturing Premises	115
Food Stalls and Vehicles	108
Other Food Shops	1,516

Other Matters

Animal Boarding Establishments	21
Basements	3
Cinemas, Dance Halls, Theatres, etc.	13
Drainage Schemes	298
Dwelling Houses	1,710
Exhumations	3
Factories	592
Hairdressing Businesses	192
Houses in Multiple Occupation (Holiday)	427
Houses in Multiple Occupation (Residential)	250
Infectious Diseases (including Food Poisoning and Dysentery)	658
Caravan Sites and Land	226
Municipal Tenancy Applications	339
Noise Nuisances	556
Other Nuisances	10,268
Offices, Shops and Railway Premises Act	1,828
Pet Animals Act	46
Farms, Smallholdings and Piggeries	57
Public Conveniences	12
Rag Flock and other Filling Materials Act	28
Refuse Tips	11
Roadways, Footpaths, Back Streets and Passages	165
Schools and Churches	4
Clearance Area Survey	7
Air Pollution Control	788
Storage of Refuse	391
Stables, etc.	115
Swimming Baths	122
Temporary Structures	152
Town Planning and Building Control matters	428
Watercourses and Ponds	229
Water Supply	12
Diseases of Animals	13
Registered Old Persons' Homes	22
Tourists' Complaints	67
Not otherwise Classified	4,886

COUNTY BOROUGH OF BLACKPOOL



THE HEALTH OF THE SCHOOL CHILD

REPORT

of the

PRINCIPAL SCHOOL MEDICAL
OFFICER

FOR THE YEAR 1971

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To the Chairman and Members of the Education and Cultural Services Committee:

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting to you the School Health Service Report for the year 1971.

April 1st, 1971, was an important day, for on that date was effected the transfer of Woodlands School (Junior Training Centre) to the administrative control of the Education Department. From that date the term "unfit for education in school" was abolished and all children became educable as the original Education Act of 1944 said—"according to their age, aptitude and ability".

No longer do the parents of the handicapped children attending Woodlands School feel that their children are out-with the educational system and the benefits which will accrue from the integration over the coming years will be substantial.

In October Mr. Smith, the Principal School Dental Officer, retired after 21 years of service to the Blackpool School Dental Department. We wish him a long and happy retirement and thank him for his valued contribution to the dental health of Blackpool school children.

We welcome as our Principal School Dental Officer; Mr. Howard Gleek, whose first Annual Report is submitted on page 19.

The routine and selective medical examinations of school children have continued throughout the year and the health of the Blackpool school child remains of a high order, no child being brought forward as being generally in an unsatisfactory condition.

The Clinics held by the Consultant Paediatrician, Consultant Ear, Nose and Throat Surgeon and the Consultant Ophthalmologist have continued throughout the year and have proved, as formerly, to be very satisfactory. The children are seen in more familiar surroundings and the effects on their school work could be discussed directly with the Consultant, the School Medical Officer, and the parents.

During the year alterations came into force concerning the supply of school milk in Junior Schools. Much publicity was given to this in the National and Local Press and many were the fears expressed as to what would happen when these children were deprived of $\frac{1}{2}$ pint of milk. Arrangements were made for those children, who were referred by hospital Specialists, School Medical Officers, Health Visitors and Head Teachers as being possibly requiring to continue to have milk, to be investigated and if thought necessary to be recommended by the Principal School Medical Officer to continue to have the milk.

Along with other areas in the country, Blackpool experienced a marked increase in head infestation among school children. Just before the summer break the situation was high-lighted by a persistence of infestation in one particular school. Arrangements were made so that, during the month of September, the entire infant and junior school population of Blackpool was inspected, in all approximately 12,500 pupils. The overall percentage of infected children was 2.83% with a high of 11.17% and a low of 0.29%. As it was found that there was this wide discrepancy it was decided that the schools

with 5% or over should receive extra hygiene attention and this has continued.

Again, along with the rest of the country, we experienced the "clackers" craze which, fortunately, was very short-lived once the dangers to wrists and eyes were realised.

As will be seen from the special reports contained therein we are continuing to experience considerable staffing difficulties, particularly the Speech Clinic and the Child Guidance Clinic. It has meant that some children requiring speech therapy have been unable to have it and that the Child Guidance Clinic waiting list has continued at a very high level.

HIGHFURLONG SCHOOL

Highfurlong School has continued to be visited weekly by the school Medical Officer and to have a clinic once in three months by the Consultant Paediatrician.

During 1971 it has been possible to admit all children referred as requiring the special facilities provided at the school and there has been virtually no waiting list. The trend of the past two or three years continues in that most of the children being admitted now come into the category of severely handicapped—often severely and multiple handicapped—rather than the category of "delicate". It is significant that owing to the therapeutic benefits of Intal therapy few young asthmatic children are being brought forward as requiring special education at Highfurlong.

PARK SCHOOL

During the year a terrapin building was erected in the grounds of the school adjacent to the Diagnostic Unit and the extra classroom accommodation was used for the 5 to 7 year old age group. There is no doubt that children ascertained as requiring special educational facilities benefit from receiving these as early as possible. This is shown by the number able to return to the normal school stream at 11+.

The DIAGNOSTIC ASSESSMENT UNIT has functioned throughout the year almost continually at maximum capacity. Many of the children admitted to it have, as their major handicap, lack of language/speech development and without the Unit these children would flounder in the ordinary school setting and their condition worsen.

By the end of 1971, the indications are that the School Health Service will transfer with the other Local Authority Health Services into the integrated National Health Service. This is as it should be, for school health is only part of an integrated community health service.

When integration of the National Health Service comes and re-organised Local Government at the same time, there will have to continue to be the strong links between the medical service and the new education authorities so that the mutual co-operation and respect between Education Staff and Medical Staff built up over many years, should not be lost amidst bureaucracy.

I should like to thank the Chief Education Officer, his staff and the teaching staff of the schools, without whose co-operation our work could not be successfully carried out. I would also like to place on record my appreciation of the high standard of work performed by the school medical and dental officers, nursing staff and members of the School Health Department and for their loyalty throughout the year.

Finally, I acknowledge the help of the Chairman and Members of the Education Committee whose enthusiasm and continuing interest has been of great encouragement to all members of staff.

Population (Registrar-General's latest official estimate)

149,770

	Number of schools	Number of pupils
	1971	1972
Secondary Grammar	3	2,159
Secondary Modern	9	5,996
Primary	34	12,614
Special Day E.S.N.	1	178
Open Air	1	102
Residential Schools for Maladjusted	1	36
Direct Grant Grammar	3	2,053
Independent Grammar	1	490
Private and Preparatory	3	284
	<hr/>	<hr/>
	23,912	23,346
	<hr/>	<hr/>

CLINIC PREMISES

SCHOOL MEDICAL SERVICE

CENTRAL SCHOOL CLINIC, WHITEGATE DRIVE

Open daily, Monday to Friday

9-00 a.m. to 12-30 a.m.
1-30 p.m. to 4-30 p.m.

BRANCH CLINICS

BISPHAM SCHOOL CLINIC

Open Monday (Doctor in attendance)

9-30 a.m. to 12 noon
Thursday, (Nurse in attendance)

ABBEY ROAD SCHOOL CLINIC

Open Monday (Doctor in attendance)

9-30 a.m. to 12 noon

Friday (Nurse in attendance)

4-00 p.m.

The following Specialist Clinics are held at the CENTRAL SCHOOL CLINIC:—

	Number of Sessions
Child Guidance Clinic	10 per week
Speech Clinic	9 per week
Audiology & Lip Reading Clinic	10 per week
Ophthalmic Clinic	3 per week
Ear, Nose & Throat Clinic	1 per month
Consultant Paediatrician's Clinic	1 per month

SCHOOL DENTAL CLINIC

Principal School Dental Officer: Howard Gleek, L.D.S., R.C.S. (Eng.)

Clinics

Central School Clinic, Whitegate Drive

Branch Clinics: Abbey Road and Bispham

Appointments

Central Clinic	Monday to Friday	9-00 a.m. to 12 noon
		2-00 p.m. to 4-30 p.m.
Bispham Clinic	Monday to Friday	9-30 a.m. to 12 noon
	Tuesday and Friday	2-00 p.m. to 4-30 p.m.
Abbey Road	Monday to Friday	9-30 a.m. to 12 noon
	Monday and Tuesday	2-00 p.m. to 4-30 p.m.
Casualties and emergencies	can be seen between any of the above times.	

Consultant Dental Surgeon

The Consultant Dental Surgeon holds clinics at the Central School Clinic on Monday and Tuesday, between 2-00 p.m. to 4-30 p.m. Cases are seen by appointment only.

Children under five and expectant mothers

PERIODIC MEDICAL INSPECTIONS IN SCHOOLS

Year of Birth	1971	1970
1966 and 1967 (entrants)	1,163	1,215
1965	729	741
1964	227	102
1963	93	71
1962	67	36
1961	188	67
1960	437	396
1959	167	131
1958	20	26
1957	601	321
1956	1,090	816
	4,782	3,927

Other examinations were carried out in the schools as follows:—

Re-examinations	405	302
Special Inspections	180	157
Nurses 7+ Survey (Vision Tests)		1,805
Other School Works:—		
Audiometer Sweep Tests	2,502	2,863
Total number of children immunised		
against Diphtheria and Tetanus	1,047	1,078
Total number immunised against Tetanus	1,274	907
Total number immunised against Polio	2,422	2,028
Total number who had B.C.G. vaccinations		
against Tuberculosis	873	1,095
Total number vaccinated against Measles		
Total number vaccinated against Smallpox	456	184
Total number vaccinated against Rubella	648	777
		(primaries)
		(re-vac)

WORK OF THE HEALTH VISITOR/SCHOOL NURSES

The Health Visitor/School Nurses have continued their many duties in the schools, clinics, and homes with Clinic Nurses helping in the various clinics.

The total number of visits made by the Health Visitor/School Nurses during the year is as follows:

Visits to the schools	1,088
Visits to the home	797

PREP

CLEANLINESS

Total number of cleanliness inspections in school during the year	30,905
Number of individual children infested	1,378
Cleansing Notices issued (Sect. 54)	

CLEANLINESS CENTRE—REPORT OF HYGIENE ASSISTANT

Heads	OUT	
Number of individual children		214
Total Attendances		891
Cleared		190
Re-infested		93
Cleared		84
Scabies		
Number of individual cases		68
Attendances		220
Cleared		75
Re-infested		3
Cleared		—
Impetigo		
Individual cases		21
Attendances		59
Cleared		29
Others		3
School Visits		69
Home Visits		154

MEDICAL CLINICS

The Eye Specialist, Dr. Aung Myin, continues to hold a clinic on Monday and Wednesday afternoons and Thursday mornings.

The Consultant Aural Surgeon holds a clinic monthly at the Central School Clinic to deal with school children who may be having difficulties with tonsils, hearing defects and any other adenoidal problems.

Doctor Jean Robson, the medical officer in charge of Audiology, continues to hold approximately three clinics per month for the specialised testing of hearing on babies and young pre-school children. Testing is also carried out on the severley subnormal and mentally retarded children.

The Enuretic Clinic continues to function and 425 children attended. At the end of the year 34 children were waiting for a Bell Mattress.

During the year 770 new cases were referred from the various Clinics to the Physiotherapy Department for Light Treatment and other treatment as follows:—

Light Treatment	2,930
Breathing Exercises	3,598
Special Exercises	86

Some of these had been referred by General Practitioners to the Clinic, and others by the Chest Physician at Victoria Hospital.

Attendances at the Medical Clinics during the year were as follows:—

	1971	1970
Attendances at Medical Clinics	9,841	10,633
Number of ailments treated	4,645	4,715

**DETAILS OF CASES REQUIRING EXAMINATION, TREATMENT
OR ADVICE AT THE MEDICAL CLINICS**

	1971	1970
SKIN		
Diseases of the Skin (including Verrucas)—836	987	846
EYES		
Visual defects including squints	1,094	936
External eye defects	99	62
Glasses for repair or replacement	108	161
Vision tests	79	62
EARS		
Deafness, earache, etc.	204	74
NOSE AND THROAT		
Catarrh, sore throat, tonsilitis, etc.	54	12
ORTHOPAEDIC		
Crippling defects, poor posture, flat feet	32	41
NERVOUS DISORDERS	15 1971	36 1970
DEVELOPMENT	19	17
PSYCHOLOGICAL CASES		
Development	9	5
Stability (including Enuresis)	241	413
MEDICAL CASES , including:—		
Speech defects, lymphatic glands, hearts and circulation, chest and lung defects, and miscella- neous medical cases	130	104
SURGICAL CASES , including:—		
Injuries, sprains, wounds, burns, abscesses, etc.	349	422
INFECTIOUS DISEASES	—	—
OTHER EXAMINATIONS (see below)		1,201

**SPECIAL EXAMINATIONS CARRIED OUT BY THE SCHOOL MEDICAL
OFFICERS**

263 children were examined to allow them to work out of school hours, mainly for the delivery of newspapers.

130 children were examined to permit them to take part in public entertainments.

There were 41 periodic examinations of boarded-out children during the year, by arrangement with the Children's Officer, and boarded-out children have also been examined and treated at the clinics for minor ailments.

79 vision tests were carried out in the Clinics (additional to those seen by the Ophthalmic Specialist).

88 examinations were carried out on children home on holiday from residential special schools, to ensure that they were free from any infection before returning to school.

118 Teacher Training candidates were examined during the year; arrangements were made, where necessary, for chest examinations in the Chest Clinic at the Victoria Hospital.

62 examinations were carried out by the School Medical Officers to assess children with suspected physical or mental handicaps, and other special cases. This is done at any age after the child's second birthday to ensure that no child was missed who may need special education.

224 miscellaneous medicals were carried out on children who were referred to the clinic either by the headmasters of schools, health visitors or nurses, or at the request of the parents.

SPECIAL TREATMENT

The following cases were referred for specialist opinion to the Blackpool Victoria Hospital from the School Medical Clinics during the year:—

Ear, Nose and Throat Cases	87
Orthoptic treatment	36
Casualties and emergencies	2
Surgical cases	17
Orthopaedic cases	31
Breathing exercises	—
Paediatrician	44

There were 96 children found at the routine medical inspections in schools with suspected defects of heart and circulation; 36 children were put on the list for observation.

CONVALESCENT TREATMENT

During the year, 6 delicate and debilitated children received treatment in the West Kirby Convalescent Home.

OPHTHALMIC CASES

(seen by the Eye Specialist at Central School Clinic)

Number of children examined	1,094
Number for whom spectacles were prescribed	491
Number already wearing glasses, for whom no change of lens was prescribed	355
Number for whom spectacles were not advised	230
Number referred for Orthoptic treatment	36

The following is an analysis of the defects found among the children for whom spectacles were prescribed:—

Simple Hypermetropia	104
Hypermetropia Astigmatism	119
Simple Myopia	114
Myopic Astigmatism	110
Other cases	44

NOSE AND THROAT DEFECTS

At the routine medical inspections 184 children were found to require treatment for nose and throat defects, and 104 children required observation for minor defects.

EAR DEFECTS

Audiometric screening in schools this year covered the 5+ and 6+ age group, as a result of which the undermentioned children were found to be suffering from defects of the ear requiring treatment as follows:—

Defective hearing	158
Others	375

The Ear, Nose and Throat Consultant from Victoria Hospital continued to visit the clinic once a month. Details of cases seen are as follows:—

Number of clinics	10
Number of children examined	73

Recommendations:

Referred to Victoria Hospital for operation	31
Referred to Hospital for microscopic examination of ears	3
Referred to Victoria Hospital for other treatment	7
Recall to E.N.T. Clinic	2
Hearing re-tests	11
Other treatment	9
Review at Victoria Hospital	6
No further action at present	14

AUDIOMETER TESTS

At the routine sweep tests children who show any hearing loss are retested at the Central School Clinic by the Specialist Teacher of the Deaf; after consultation with the School Medical Officer they are referred to the Ear, Nose and Throat Specialist Clinic where necessary.

Details

(a) Schools:	Number of sessions	76
	Total number tested	2156
	Number found to have a hearing loss	224
(b) Clinic:	Total number of children tested (incl. reviews)	940
	Number found to have defective hearing at first test and subsequently reviewed	431
	Referred to E.N.T.	37
	Referred to Dr. Robson	55

All children who show slight defective hearing, but not requiring any special treatment, are kept under observation in schools and teachers are asked to note their progress. They are also reviewed periodically at the Clinic.

Partially Hearing Children receiving special tuition

Mr. Newson, Teacher of the Deaf, has submitted the following report for 1971:

The work of the audiology clinic continues to expand. The number of children receiving guidance or tuition in speech/lip reading is now 35. Some of these children are pre-school, but most of them are in normal or special schools in the Borough.

Mr. Newson carried out 960 hearing assessments and re-tests in the clinic. Most of these children are referred because they are suspected of having a hearing loss after routine testing.

Dr. Robson, our specialist from Fulwood, saw 123 young children and babies during the year. This work is most exacting and entails assessing the hearing of babies from the age of nine months. She is ably assisted in this work by Mrs. Price and Mrs. Smallwood, our specially trained Health Visitors. They are responsible for visiting homes and giving guidance to parents who have babies with hearing impairment. This help mainly concerns the development of speech and language in young children using auditory equipment.

In November we welcomed Mrs. Legg to the Health Department. She is to be our new audiometrist in schools and is replacing Mrs. Smith and Mrs. Swift who have previously done excellent work on a part-time basis.

As the work continues to expand it will probably be necessary to increase our supporting staff in the audiology field.

SPEECH CLINIC

The staff of the Speech Therapy Department was sadly depleted in September of this year when both Miss North and Mrs. Protheroe resigned their posts as full-time speech therapists.

The department is now back in the forlorn state of 1967-68 with one part-time therapist working 25 hours per week. There has naturally had to be a drastic reduction in the number of children treated weekly. Both Mrs. Protheroe and Miss North were asked to select priority cases before they left, and I have absorbed these children into my own case load, now totalling 100 children.

Of the 218 still on the waiting list, many had already been receiving speech therapy from the two departing therapists, and these children will be given priority when vacancies occur in the clinic. However, it will be appreciated that the turnover in the speech clinic is very slow, many children requiring 12-18 months' treatment before they can be satisfactorily discharged.

Each child should, ideally, attend for thirty minutes at least once per week, but under the present circumstances, the case load of 100 is having to be dealt with in groups, or appointments given to them at spaced intervals.

I sincerely hope that 1972 brings a much needed increase in staff in order that the excellent relationship the department has established with the schools, parents, and health service staff, is not entirely jeopardised.

I am grateful for the understanding of other departments, and particularly head-teachers, during these rather trying times in the life of the speech therapy department.

Total number of attendances during the year	3,974
Total number of children receiving regular or periodic treatment at the end of the year	101
Total number of new cases	109
Total number of discharges	176
Total number of children on waiting list at year end	218
Attendances at Park School	309
Attendances at Assessment Unit	290
Attendances at Highfurlong School	169
Attendances at Woodlands School	127
Attendances at Blenheim Lodge	48
Attendances at Langdale Training Centre	48

HIGHFURLONG SCHOOL

Number on Roll at the end of the year:—

	Boys	Girls	Total
Delicate	9	6	15
Other chest conditions	1	1	2
Cardiac	2	—	2
Spastic	2	10	12
Spina Bifida	3	4	7
Orthopaedic defects	1	6	7
Partially Sighted	1	3	4
Partially Hearing	1	1	2
Epileptic and Petit Mal	1	—	1
Others	27	23	50
Total	48	54	102

Both Highfurlong and Park School are visited each week by the School Medical Officer administering these schools. This visit provides an opportunity for discussions between the Head Teacher and the School Medical Officer. Five or six pupils are examined each week, and in this way each child is reviewed at least once a year and any difficulty dealt with as soon as it arises.

HOME TUITION

During the year seventeen children received home tuition for varying periods, as follows:—

Injuries resulting from accidents	11
Leukemia	1
Carcinoma of Hip	1
Operations	3
Infectious case	1

PHYSIOTHERAPY

Number of children referred by Chest Physician	24
Number of children referred by School Doctors	624
Number of children referred by General Practitioners	110
Number of children referred by Paediatrician at Victoria Hospital	12

Treatments:

Ultra Violet Light	2,930
Foot exercises	86

Other exercises	3,598
Number of children seen by Doctor	214
Total attendances throughout the year	7,586
Number of individual children treated	1,104

INFECTIOUS DISEASES (SCHOOL CHILDREN)

	1971	1970	1969
Scarlet Fever	17	34	38
Whooping Cough	25	8	3
Measles	221	342	79
Cerebro-spinal fever	—	—	—
Sonne Dysentery	—	6	22
Food Poisoning	11	6	5
Acute Meningitis	3	1	11
Infective Jaundice	13	7	40
Typhoid	1	—	—

ANNUAL REPORT, 1971 CHILD GUIDANCE CLINIC

Clinic Sessions by Dr. Rogers	78
New Cases seen by Dr. Rogers	35
Cases for supervision or therapy	106

Psychologist

Children tested in school	170
Children tested in Clinic	120
School visits	175
Clinic interviews	50
Attendances for remedial and therapeutic work	32
Seven-plus Survey (all 7 year olds)	1,873

Social Worker

Home Visits (New Cases)	26
Clinic Interviews (New Cases)	6
Home Visits (Old Cases)	360
Clinic Interviews (Old Cases)	140
Social Histories	32

Children's Unit, Lancaster Moor Hospital

Number of Children admitted	13
Number of Children discharged	8

Blenheim Lodge Special Day Class

Number of Children admitted	3
-----------------------------------	---

Number transferred from Blenheim Lodge to :

Children's Unit	13
Wennington Hall	2
Back to ordinary day school	1
Number of Children admitted to Residential Schools	8

CHILD GUIDANCE CLINIC

The pressure of referrals to the Child Guidance Clinic remains constant. We are particularly being requested to see a large number of children who have been in trouble with the Police. This often involves boys and girls of nearly school leaving age. A good proportion of our work is referred from the Children's Services and often families that are incomplete or are labouring under various financial or social difficulties.

We are still without a full-time Psychiatric Social Worker and in this last year we have seen the resignation of Mrs. Hughes who has now been appointed Senior Educational Psychologist for the County. Her work at the Clinic has been greatly appreciated and she is very much missed by all the staff.

It is especially valuable to have contacts with two boarding schools, i.e. George Fox School at Lancaster and Bentham Grammar School, both of which have shown themselves to be sympathetically disposed towards taking certain of our children who have emotional problems. Very often these boys do better in schools which take a higher proportion of so-called normal children rather than a special school or a school for maladjusted. There has been a close liaison with the Children's Unit at Lancaster Moor Hospital and a number of cases have been admitted for observation and treatment prior to final recommendation.

I would particularly like to thank the Education Department for their support and co-operation when it comes to placing difficult children.

DR. T. W. ROGERS,
Consultant Child Psychiatrist.

SCHOOL PSYCHOLOGICAL SERVICE 7+ SURVEY

In March, 1971, 1,873 first year Blackpool primary school children were given the Young Group Reading Test. This was done in order to assess both general level of reading ability as well as the degree of reading backwardness and also at the same time to discover any children requiring special educational provision.

The results of this Survey were as follows:—

Test Used — Young Group Reading Test

Breakdown of Performance of 1st Year Juniors

Reading Quotient

TABLE I

	79 and below	80—90	90—109	110—119	120 and above	
Expected Frequencies ...	9%	16%	50%	16%	9%	TOTAL
Number of Children ...	95	247	899	456	176	1873
Percentage of Cases ...	5.07%	13.19%	48.00%	24.34%	9.4%	100%

The expected frequencies at the top of the Table are what one would expect from a large typical group of children assuming normality of the ability in question. Comparison with the observed frequencies for the whole year group shows that there are far fewer below average (R.Q. 89 and below) and far more above average readers (R.Q. 110 and above) than expected. In both cases the differences between observed and expected frequencies were highly significant — exceeding the .001 level of confidence (statistical test: Chi Square).

Extensive statistical analysis of the data and comparisons with the previous reading survey (March, 1970) were then carried out and the results were as follows:—

COMPARISON OF PERFORMANCE ON THE YOUNG GROUP READING TEST BETWEEN FIRST YEAR BLACKPOOL PRIMARY SCHOOL CHILDREN FOR THE YEARS 1970 and 1971

Reading Quotient

TABLE II

	79 and below	80—89	90—109	110—119	120 and above	
Expected Frequencies ...	9%	16%	50%	16%	9%	TOTAL
Number of Children, 1970	103	225	916	469	150	1839
Percentage of Cases	5.44%	13.47%	48.39%	24.77%	7.93%	100%
Number of Children, 1971	95	247	899	456	176	1873
Percentage of Cases	5.07%	13.19%	48.00%	24.34%	9.4%	100%

Breakdown of Performance (Statistical test used = χ^2 test for two independent samples).

Comment:

Table II shows that there have been no changes in reading attainment for the two year groups 1970 and 1971. Indeed, the results show a truly remarkable consistency — the percentages obtained in the various Quotient categories are almost identical for the years 1970 and 1971. Although for 1971 there have been slight percentage increases in the number of above average readers and slight percentage decreases in the number of below average readers when compared to 1970 — none of the differences obtained achieved any statistical significance. Thus the high reading standards obtained in 1970 have been amply maintained.

N.B.

In the case of both between year group comparisons and comparisons between observed and expected frequencies for the average range of Reading Ability — R.Q. 90 — 109 — Table II shows that for both the years 1970 and 1971 the observed percentages almost matched the expected percentages. Expected percentage 50%, Observed percentage 48.39% (1970) and 48.00% (1971). Statistical analysis for both between year group comparisons and comparisons between observed and expected frequencies for each year group showed no significant differences whatsoever. Thus the number of first year Blackpool Primary School children with average R.Q.'s in both 1970 and 1971 are what one would expect assuming normality of the distribution of the ability in question.

FURTHER ANALYSIS OF THE READING PERFORMANCE OF FIRST YEAR BLACKPOOL PRIMARY SCHOOL CHILDREN FOR THE YEARS 1970 and 1971

Test Used — Young Group Reading Test

Quotients on this test are so arranged that they have a mean of 100 and a standard deviation of 15.

The mean quotients for the groups of children concerned together with the standard deviations of their quotients are listed below to give some indication of the spread of ability in the various groups.

Area = Blackpool Group = Primary School	No. of children	Mean R.Q.	Standard Deviation (Quo- tients)	Standard Error of Mean	Z Value— for com- parison of observed mean with the standard test mean of 100
1970					
All 1st year children	1894	102.086	13.575	0.3119	6.69*
All 1st year boys	960	101.146	14.335	0.4626	2.48+
All 1st year girls	934	103.058	12.780	0.4181	7.31*
1971					
All 1st year children	1873	102.55	13.495	0.3118	8.18*
All 1st year boys	919	100.52	14.315	0.4721	1.10
All 1st year girls	954	104.01	12.635	0.4089	9.80*

* — significant beyond .01 level of confidence

† — significant beyond .05 level of confidence

In all cases, except for the male group of 1971, significant differences between the means obtained for the various groups and the test mean (100) were obtained. Thus for the years 1970 and 1971 the mean R.Q. of the first year Blackpool school children was about 2 points above the average. For girls about $3\frac{1}{2}$ points above and for boys about $\frac{3}{4}$ of a point above the average.

BETWEEN GROUP COMPARISONS

(a) Between the two means obtained for the years 1970 and 1971 :

Mean R.Q. for 1970 = 102.086 — (No. of children — 1,894)

Mean R.Q. for 1971 = 102.55 — (No. of children — 1,873)

Value of Z = 1.03 — No significant difference between the two means obtained for 1970 and 1971

(b) Sex Differences :

Mean R.Q.'s for boys and girls in 1970 and 1971 were as follows :

Boys	Girls	Difference (in favour of girls)	Z Value
101.146 (1970)	103.058 (1970)	1.912	3.07*
100.52 (1971)	104.009 (1971)	3.489	5.58*
101.146 (1970)	104.009 (1971)	2.863	4.63*
100.52 (1971)	103.058 (1970)	2.538	4.02*

* Significant beyond .01 level of confidence. In all comparisons significant differences between the sexes in favour of girls were obtained. This is consistent with the conclusions of various studies that girls are better readers than boys (at seven) — e.g. National Child Development Study (Pringle et al 1967).

(c) Comparisons between year groups of the same sex:

Boys	Boys	Difference	Z Value
100.52 (1971)	101.146 (1970)	0.626	1.43

Girls	Girls	Difference	Z Value
104.009 (1971)	103.058 (1970)	0.951	1.63

Value of Z — not significant

No statistically significant differences in R.Q.'s between groups of the same sex for the years 1970 and 1971. (N.B. The values of Z are not far off the 5% level of confidence — visual inspection shows the mean for boys to have decreased slightly from 1970 to 1971 and that for girls to have increased slightly from 1970 to 1971).

Finally, from the results of the 1971 Survey, 195 children were followed up either as a result of unsatisfactory performance on the group reading test (R.Q. 85 and below) or at the Head Teacher's request.

Of these children 188 were given a group non-verbal test of intelligence (Moray House Picture Test) and the remaining 7 children were either seen but not tested for I.Q., had left, or were given an individual test of intelligence directly.

On the basis of their performance on the group non-verbal intelligence test, or as a result of being seen directly, 25 children were given a full individual assessment — using the Wechsler Intelligence Scale for Children and an individual reading test — The Schonell Graded Word Recognition Test. As a result of these individual assessments 4 children were recommended for Park School. In the case of a further 7 children, any decision regarding possible special school placing was deferred in order to assess the effects of an interim period of remedial teaching within the ordinary school setting. In addition as a result of performance on either the two group tests or as a result of individual testing — 20 children were given a diagnostic reading test.

A report on each child assessed individually was submitted to the school concerned. For those of the 188 group tested requiring it, the necessary remedial help or provisions were outlined and discussed with the Head Teachers and staff involved.

The results of the individual I.Q. assessments and the group reading tests were shown in Table I. The number of children involved, 25, represented 1.33% of the total sample (1,873). It will be seen that the great majority (80%) had reading quotients below 80, 28% having reading quotients below 70. A fifth (20%) had reading quotients below average (R.Q. 80-89) and none had reading quotients in the average range or above.

TABLE I. NUMBER OF CHILDREN—25

Range	W.I.S.C. No.	Full Scale %	Young Group Quotient No.	Reading %
—69	3	12	7	28
70—79	4	16	13	52
80—89	11	44	6	20
90—109	5	20	—	—
110—119	2	8	—	—
120—129	—	—	—	—
130+	—	—	—	—

The position is however different with regard to intelligence in that the majority (72%) had I.Q.'s of 80 and above. Almost half (44%) had I.Q. s in the below average range (80-89). Nearly a third (28%) had I.Q.'s in the average range and above (I.Q. 90+). Of the remainder 28% had I.Q.'s below 80, 12% having I.Q.'s below 70.

To summarise — Intelligence — Nearly three quarters (72%) had I.Q.'s in the below average/average range and the remainder (28%) had I.Q.'s in the dull/E.S.N. range of ability (79 and below).

— Reading Ability — Four fifths (80%) were backward readers (R.Q. below 80) and one fifth (20%) had R.Q.'s below average (R.Q. below 89). None of the sample had R.Q.'s in the average range or above (R.Q. 90+).

The relationship between the reading quotients and the Wechsler Full Scale I.Q.'s is shown in greater detail in Table II.

TABLE II. NUMBER OF CHILDREN—25

Young Reading Quotient	W.I.S.C. Full Scale I.Q.						Number
	—69 No. %	70—79 No. %	80—89 No. %	90—109 No. %	110—119 No. %	120—129 No. %	
—69	2 28.6	1 14.3	3 42.8	1 14.3	—	—	7
70—79	—	2 14.3	6 48.14	3 23.1	2 15.4	—	13
80—89	1 20	1 20	3 60	—	—	—	5
90+	—	—	—	—	—	—	—
TOTAL	3	4	12	4	2	—	25

* Percentages in this Table refer to the number in each grouping of the Young Reading Quotients.

It can be seen that the backward readers (R.Q. below 80) are a very heterogeneous group:

6 or 30% are of average intelligence or above (90+)

9 or 45% are in the below average range (80-89), and the remaining 5 or 25% have I.Q.'s below 80, 2 or 10% of which have I.Q.'s below 70.

The results of the group I.Q. assessments (Moray House Picture Test) and the Group Reading Test are shown in Table III. The number of children involved (188) represented 10% of the total sample (1,873).

It will be seen that the overwhelming majority (95%) had reading quotients below 85. This obviously follows since the main criterion for selecting the group was that of obtaining an R.Q. below 85. Half (50.5%) had R.Q.'s below 80 and 12.2% R.Q.'s below 70. Nearly half (44.2%) had R.Q.'s in the range 80-84.

TABLE III. NUMBER OF CHILDREN — 188

Range	Mordy House Picture Test No.	%	Young Group Reading Test No.	%
—69	5	2.7	23	12.2
70 — 79	10	5.3	72	38.3
	38	20.2	83	44.2
80 — 89	112	59.5	10	5.2
90 — 109				
110 — 119	18	9.6	—	—
120 — 129	5	2.7	—	—
130 +	—	—	—	—

The position is however different with regard to intelligence in that the majority (92%) had I.Q.'s of 80 and above. Nearly three quarters (71.8%) had I.Q.'s of 90 and above. Only 8% had I.Q.'s below 80, 2.7% having I.Q.'s below 70.

Thus it can be seen that the vast majority of the backward readers (R.Q. below 85) had I.Q.'s in the average range or above. It is apparent therefore that in the majority of cases factors other than lack of intelligence were responsible for reading retardation in the sample under consideration (188).

J. G. Roberts,
Educational Psychologist

JGR/ME

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

I have pleasure in making my first Annual Report on the work of the School Dental Service.

At the year end the professional staff consisted only of the Principal, one Dental Officer and two part-time Dental Officers. Even including Mr. H. Ackers, who has continued to give his invaluable help as Consultant, there was the equivalent of only three full-time Officers.

The opening of the ultra-modern dental clinic at Bispham shows that Blackpool is one of the few local authorities with all modern dental clinics. It is hoped that this will not only give pleasure and confidence to our patients but will attract new Dental Officers who will have the opportunity of practicing the most modern techniques in ideal working conditions.

In spite of the smaller staff there has been no drop in the amount of work carried out and it is most pleasing to note that there has been a one hundred per cent increase in the number of deciduous teeth filled and a corresponding drop in the number extracted.

It is felt though that in the future the School Dental Service must move more into the field of preventative dentistry. A close watch is being kept on the current investigations of the newer methods of strengthening teeth by fissive sealing and topical applications of fluoride gels. Once their value is firmly established it is intended that Blackpool will be in the forefront of the progressive services which will apply these preventative methods.

A useful dental health project was carried out by Health Visitors in the entrant classes of ten selected infants' schools. Talks and film shows were given and each child was presented with a dental hygiene kit. Full co-operation was obtained from the teaching staffs and this has proved one of the most important results of the project since teachers are the ones most

able to influence children and they can carry on their teaching of dental hygiene throughout the year.

It now seems that the School Dental Service has an ever-growing important role to play in the Health Service and it is hoped that the appropriate Government Departments will appreciate this.

HOWARD GLEEK.

**DENTAL INSPECTION AND TREATMENT CARRIED OUT
BY THE AUTHORITY DURING THE YEAR**

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First Visit	(1) 1,615	(12) 1,704	(23) 299	3,618
Subsequent visits	(2) 906	(13) 1,533	(24) 436	2,875
Total visits	2,521	3237	735	6,493
Additional courses of treatment commenced	(3) 105	(14) 84	(25) 19	208
Fillings in permanent teeth	(4) 828	(15) 2,474	(26) 706	4,008
Fillings in deciduous teeth	(5) 997	(16) 145		1,142
Permanent teeth filled	(6) 699	(17) 2,184	(27) 623	3,506
Deciduous teeth filled	(7) 964	(18) 145		1,109
Permanent teeth extracted	(8) 187	(19) 994	(28) 170	1,351
Deciduous teeth extracted	(9) 1,954	(20) 849		2,803
General Anaesthetics	(10) 1,008	(21) 857	(29) 98	1,963
Emergencies	(11) 373	(22) 259	(30) 38	670

Number of Pupils X-rayed	(31) 145
Prophylaxis	(32) 166
Teeth otherwise conserved	(33) 402
Number of teeth root filled	(34) 4
Inlays	(35) —
Crowns	(36) 4
Courses of treatment complete	(37) 3,095

ORTHODONTICS

New cases commenced during year	(38)	103
Cases completed during year	(39)	104
Cases discontinued during year	(40)	14
No. of removable appliances fitted	(41)	79
No. of fixed appliances fitted	(42)	24
Pupils referred to Hospital Consultant	(43)	—

PROSTNETICS

	5 to 9	10 to 14	15 & over	Total
Pupils supplied with F.U. or F.L. (first time)	(44)	—	(50)	—
Pupils supplied with other dentures (first time)	(45)	1	(48)	7
Number of dentures supplied	(46)	1	(49)	7
	(52)	3		11

ANAESTHETICS (General Anaesthetics administered by Dental Officers)

(53) 1,963

INSPECTIONS

(a) First inspection at school. Number of pupils	(A) 13,622
(b) First inspection at clinic. Number of pupils	(B) 544
Number of (a) and (b) found to require treatment	(C) 9,431
Number of (a) and (b) offered treatment	(D) 7,829
(c) Pupils re-inspected at school or clinic	(E) 384
Number of (c) found to require treatment	(F) 257

SESSIONS

Sessions devoted to treatment	(X) 1,219
Sessions devoted to inspection	(Y) 77
Sessions devoted to Dental Health Education	(Z) 2

N.B.—Statistical codings in parentheses

PHYSICAL EDUCATION REPORT 1971

The aim of Physical Education in our schools is two fold, that of exercising the body and stimulating the mind in order to develop a good physique and also to motivate the pupil so that he or she can enjoy some form of physical activity long after they have left school, if not actively at least as a knowledgeable spectator. In the school curriculum we hope to maintain a balance between these two aims, making sure that at the younger age range enough time is given to basic movement training so that the individual pupil can appreciate the quality of movement necessary for the skills to be acquired with the widening of the physical education syllabus for the older pupil.

Primary Schools

The programme of physical education in the Primary Schools include Educational Gymnastics, Educational Dance, National and English Country Dance, Athletics practices, Swimming and Team Games. These are done on an average in four periods per week throughout the year. As in all subjects today, teaching is pupil based and the Physical Education lessons are no exception. Hence the child is presented with opportunities to be creative, to practice freely and encouraged to think about what he or she is doing and how performances can be improved.

The standards reached in the Primary School inter-competitions has again been good. The Primary Football Leagues have produced keenly contested and exciting matches. The Junior Netball League has grown considerably and with this growth the standard of play has risen. Most Primary Schools are now taking part. In the Primary Sports meeting, twenty-four school's took part, records were broken in high jump and ball throwing events. Twenty-two of these twenty-four schools gave an excellent display of English Country Dancing.

In the all-important aspect of swimming the percentage of pupils entering the Secondary School who can swim at least twenty-five yards is still not high enough although this year it was increased by three per cent to sixty-eight per cent. With, however, the provision of a new 25-metre School Swimming Bath the construction of which, it is anticipated, will begin next year, facilities will be such that an already agreed policy on school swimming instruction will be more readily capable of implementation.

Secondary Schools

The major part of the syllabus has been concerned with the teaching of Gymnastics, Swimming, Athletics and Team Games at the lower end of the scale with the addition of various activities such as Basketball, Volleyball, Trampolining, Table Tennis, Canoeing and Skating at the more senior end of the school. For any pupil to have lasting benefits from such a comprehensive programme of physical education activities, it is essential that they must have good instruction in order to be able to achieve some standard of performance in the option chosen. The results of some of the activities in Blackpool in 1971 show that this aim to some extent has been fulfilled.

Inter-School Fixtures

These still play a considerable part in the Physical Education Programme in the life of the school. Again we were indebted to the Secretaries and

Officials of the Constituent Associations of the Blackpool Schools' Sports Council for arranging fixtures and competitions between schools in the following sports :—

For Primary pupils in Association Football, Athletics and Netball.

For Secondary pupils in Association Football, Athletics, Badminton, Basketball, Cricket, Netball and Swimming.

Additionally a large programme of inter-school Rugger and Hockey fixtures and a limited programme of Tennis matches were arranged.

Many boys and girls represented Blackpool Borough as members of town teams in various sports. All were to be congratulated on reaching a high standard of attainment, but especially the Athletic Association who sent two boys and six girls to the All England Championships, where three were placed in the finals, in Cricket the town team only lost one match out of four played, in Badminton we gained first places in two events in the Lancashire Schools' Championships and in Swimming, honours were gained by the boys 16-19 age group free style team, who won their event in the Lancashire Schools' Gala and also one boy in the 12-14 age group was selected for the National Championships where he gained sixth place.

Facilities

We look forward to even greater improvement in standards in such games as Badminton, Basketball and Volleyball, with the opening of three new Sports Halls in 1971, namely at the Sixth Form College, Montgomery Secondary School and The College of Technology and Art. The playing fields, although adequate in most respects, still have room for improvement. The game that suffers most through lack of on-the-spot facilities is Tennis, which is an all important social as well as an enjoyable sport especially for the Secondary School pupil.

Further Training of Teachers

During the year in-service training courses were held, which included a one-day course held at Highfield Secondary School covering indoor Hockey techniques and a one-session course on Primary Netball. During the summer holidays, coaching courses for primary school boys in Soccer have been held and proved to be very popular. The usual one-week Blackpool Easter School was again held and attended by 1,053 teachers who had a choice of 40 different courses of specialised Physical Education Activities.

Snows Heights Outdoor Centre

With grateful thanks to the Blackpool North Rotary Club the site is now well-equipped with the acquisition of two more sleeping huts in 1971. Organised parties continue to visit the centre regularly throughout the summer months. Many more Primary and Secondary pupils have been introduced to the Lake District through this centre during 1971 which we hope will continue to flourish for years to come.

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